2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2004 8:00 am Secretary of State **DOCUMENT #.259683** 1. Entity Name 05-03-2004 91065 022 ***150.00 TRANSMISSION KING INC Principal Place of Business Mailing Address UAUDAUAU 2501 W. BROWARD BLVD 2501 W. BROWARD BLVD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-0968456 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHOTT, MIKE Street Address (P.O. Box Number is Not Acceptable) 2501 W BROWARD BLVD FORT LAUDERDALE FL 33312 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Mike Schott DATE required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Change □ Addition COIARUSSO, CAROLE NAME NAME 12031 NW 27 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33323 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition SCHOTT, MIKE 3 NAME NAME 840 ZINNA LANE STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME -ROSS: ROBERT-NAME: ~---STREET ADDRESS STREET ADDRESS 320 SW 81 TERRACE CITY-ST-ZIP N LAUDERDALE FL 33068 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peopli is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trosted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adolescent with all other like impowered.

NG OFFICER OR DIRECTOR

FILED