2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90017 005 ***150.00

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1. Entity Name
EAGLE ADVISORS, INC.

Principal Place of Business	Mailing Address
299 PARK AVENUE, 24TH FLOOR NEW YORK, NY 10171	299 PARK AVENUE, 24TH FLOOR NEW YORK, NY 10171

07092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
152 WEST 57TH STREET	152 WEST 57TH STREET
Suite, Apt. #, etc. 20TH FL	Suite, Apt. #, etc. 20TH FL
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip / Country 10019	Zip / Country 10019

4. FEI Number
22-3586457
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HASSELS-WEILER, EKKEHART 3617 HOLBORO DRIVE LOS ANGELES, CA 900271432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALEXANDER, DAVID 299 PARK AVENUE, 24TH FLOOR NEW YORK, NY 10171	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALEXANDER, DAVID 152 WEST 57TH ST., 20TH FL NEW YORK, NY 10019	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 report 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 trustee empowered 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 address, with all other like empowered.

SIGNATURE: David L. Alexander, SVP 7/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #