


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000006608  
 1. Entity Name  
 33RD STREET BUFFER, INC.



Principal Place of Business: 3526 SPOTTSWOOD AVENUE, MEMPHIS, TN 38111  
 Mailing Address: 3526 SPOTTSWOOD AVENUE, MEMPHIS, TN 38111

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number: 62-1747241 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DOTSON, ALBERT E JR  
 2500 FIRST UNION FINANCIAL CENTER  
 MIAMI, FL 33131-2336

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000176371  
 01/10/05-80089-011 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	SEELBINDER, OSCAR W JR
STREET ADDRESS	3526 SPOTTSWOOD AVENUE
CITY-ST-ZIP	MEMPHIS, TN 38111
TITLE	SD
NAME	SKLAR, JERALD H
STREET ADDRESS	WARING COX, PLC/ 50 N. FRONT ST STE 1300
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* 1/7/05 901-322-7676  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone