

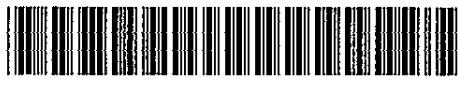


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | | | | | | | |
|---|-----------------------------|--|---|---|-----------------------------------|-----------|----------|
| DOCUMENT # G75168 | | | |  | | | |
| 1. Entity Name THE MONSTER CORPORATION | | | | | | | |
| Principal Place of Business 6041 KIMBERLY BLVD. SUITE I N. LAUDERDALE FL 33068-2816 US | | Mailing Address 6041 KIMBERLY BLVD. SUITE I N. LAUDERDALE FL 33068-2816 US | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2771375 | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| MONTAG, MICHAEL 4131 NW 58 ST COCONUT CREEK FL 33073-5909 | | | 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:  | | MICHAEL MONTAG | | 1/29/04 | | | |
| 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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | MONTAG, BARBARA | | NAME | | | | |
| STREET ADDRESS | 1212 B1 BAHAMA BLVD | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | POMPAHO BEACH FL 33066 | | CITY - ST - ZIP | | | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | MONTAG, MICHAEL A | | NAME | | | | |
| STREET ADDRESS | 4131 NW 58 ST.L | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073-5909 | | CITY - ST - ZIP | | | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | MONTAGE, KELLY | | NAME | | | | |
| STREET ADDRESS | 4131 NW 58TH STREET | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073 | | CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
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| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | |



MOORE CR2E034 (11/03)

4. FEI Number **59-2771375**

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

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:  MICHAEL MONTAG 1/29/04


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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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| CITY - ST - ZIP | POMPAHO BEACH FL 33066 | | CITY - ST - ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MONTAG, MICHAEL A | | NAME | | |
| STREET ADDRESS | 4131 NW 58 ST.L | | STREET ADDRESS | | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073-5909 | | CITY - ST - ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MONTAGE, KELLY | | NAME | | |
| STREET ADDRESS | 4131 NW 58TH STREET | | STREET ADDRESS | | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| 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)(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:  1/29/04 954-979-1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #