
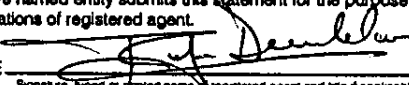



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90034 019 ***150.00

| | | | |
|---|---|---|--|
| DOCUMENT # M15307 1. Entity Name N.T.N. CORPORATION | |  | |
| Principal Place of Business C/O ORI DEMBLANS 17024 SW 79 CT. MIAMI, FL 33157 US | | Mailing Address C/O ORI DEMBLANS 17024 SW 79 CT. MIAMI, FL 33157 US | |
| 2. Principal Place of Business 100 BAYVIEW DR. | | 3. Mailing Address 100 BAYVIEW DR. | |
| Suite, Apt. #, etc. APT 1516 | | Suite, Apt. #, etc. APT 1516 | |
| City & State SUNNY ISLE BEACH | | City & State SUNNY ISLE BEACH | |
| Zip 33160 | | Country MIAMI DADE | |
| 4. FEI Number 65-0107492 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEMBLANS, RUBEN 100 BAYVIEW DR APT 1518 NORTH MIAMI BEACH, FL 33160 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-4-04 <small>DATE</small> </div> </div> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 NAME STREET ADDRESS CITY- ST- ZIP | P DEMBLANS, RUBEN 17024 SW 79 CT MIAMI, FL | TITLE NAME STREET ADDRESS CITY- ST- ZIP | P DEMBLANS, RUBEN 100 BAYVIEW DR. APT 1516 SUNNY ISLE BEACH FLA 33160 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | S DEMBLANS, ORI 100 BAYVIEW DR. APT 1516 SUNNY ISLE BEACH FLA 33160 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-4-4 305 945 9491 <small>Date Daytime Phone #</small> | |