## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000850

Apr 20, 2004 Secretary of State

Entity Name: LIFE STORY VIDEOS, ARCHIVES AND RESEARCH CORP.

**Current Principal Place of Business: New Principal Place of Business:** 2355 SW 30TH TERRACE FT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** 2355 SW 30TH TERRACE FT LAUDERDALE, FL 33312 FEI Number: 41-2089504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERKE, JULES 5676 WILLOWCREEK CT US DELRAY BEACH, FL 33484 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change ( ) Addition BERKE, HEATH BERKE, HEATH Name: Name: 2475 CAT CAY LN Address: 2355 S.W. 30TH TERRACE Address: City-St-Zip: FT LAUDERDALE, FL 33312 City-St-Zip: FT LAUDERDALE, FL 33312 Title: () Delete Title: (X) Change ( ) Addition OPPENHEIMER, JANNIE Name: OPPENHEIMER, JANNIE Name: Address: 2475 CAT CAY LN Address: 2355 S.W. 30TH TERRACE City-St-Zip: FT LAUDERDALE, FL 33312 City-St-Zip: FT LAUDERDALE, FL 33312 Title: () Delete Title: () Change () Addition BERKE, JULES Name: Name: 5676 WILLOW CREEK CT Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: ODELL, ROBERT DR. Address: Address: 39 FORT ROYAL ISLE City-St-Zip: City-St-Zip: FT. LAUDERDALE, FL 33308 US Title: () Delete Title: ( ) Change (X) Addition SNIDERMAN, ROSANNE MS. Name: Name: 6000 S.W. 76TH STREET Address: Address: City-St-Zip: City-St-Zip: SOUTH MIAMI, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATH BERKE DP 04/20/2004