2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47689

Jun 29, 2004 689 Secretary of State

FILED

Entity Name: BARTON'S BOOSTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 269 NE 14TH ST BOCA RATON, FL 33432 LIS **Current Mailing Address: New Mailing Address:** 269 NE 14TH ST SUITE 222 BOCA RATON, FL 33432 US FEI Number: 65-0315990 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: BONTATIBUS, PETER N 1300 N. FEDERAL HWY # 202 BOCA RATON, FL 33432 US 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: () Change () Addition () Delete BARTON, WAYNE, Name: Name: Address: 269 NE 14TH ST Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: (X) Change () Addition BONITATIBUS, PETER N, BEARDEN, JAMES Name: Name: Address: 1300 N. FEDERAL HWY # 202 Address: 2851 S. OCEAN BLVD. City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: () Delete Title: () Change () Addition BENES, EDGAR A Name: Name: 17554 WAGON WHEEL DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: SIEGEL, ART Name: OXENDINE, HAZEL Address: 3011 NE 7TH DR. Address: 940 SWEETWATER LANE City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

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: WAYNE BARTON D 06/29/2004