2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P0000067490 L Entity Name PERSONAL RESPONSE CORPORATION								Feb 16, 2004 08:00 AM Secretary of State
Principal Place of Business Mailing Address							7	
8405 NW 53 STREET				8405 NW 53 STREET				
B-106 MIAMI FL 33166			B-106 MIAMI FI	B-106 MIAMI FL 33166				
	0.00		17.17 (3.41 1 2	00100				Kariyari ili boli bolik bolik barik arik arik arik arik balik bili bolik bolikan ili bolikan ik ibbi
2. Principal Place of Business			3. Mailing A	3. Mailing Address			_	
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt #, etc.				MOORE CR2E034 (11/03)
City & State			City & Sta	City & State			4. 1	FEI Number 65-1037969 Applied For Not Applicable
Zip	Zip Country		Zip	Zip Counti		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						 	7. ľ	Name and Address of New Registered Agent
Name								
STEVEN, SILVERMAN 9500 DADELAND BLVD STE 550 MIAMI FL 33156						Street Address	(P.O. E	Box Number is Not Acceptable)
IVIIA	VII 1 L 33	100					_	
						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 .	Signature, typed	or printed name of registered a	gont and tille if applicable	(NOTE	. Registere	d Agent signature require	ed when re	oinstating) DAYE
,	II E NOW!	!! FEE IS \$150.00			·			
Afte	r May 1, 20	14 Fee will be \$550. 15 Florida Departmen						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	,	OFFICERS A	ND DIRECTORS		11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
IMLE	PTD	ADDV C	1	☐ Delete	TITU	1		☐ Change ☐ Addition
NAME STREET ADDRESS	SHOOR, B.	53RD ST #B-106			NAM Stre	ET ADDRESS		U00000053501 02/16/04-80134-017 150.00
CITY - ST- ZIP	MIAMI FL				1	-ST-ZIP		02/18/04-80134-017 150.00
mre				☐ Delete	Ittl			☐ Change ☐ Addition
HAME					NAM			
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP		
TITLE				☐ Delete	TITL			Change Addition
NAME	ĺ		'	Delete	NAM	į		
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP	 				1	- ST- ZIP		
TITLE NAME			I	Delete Delete	TITU			☐ Change ☐ Addition
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP						-ST-ZIP		
TITLE			1	Delete	ከጢ			☐ Change ☐ Addition
NAME CERTIFICATION	{				NAM	1		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP		
TITLE	 		<u> </u>	☐ Delete	11111			☐ Change ☐ Addition
NAME			·	m Detect	NAM	į.		Counsais - Marring
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP	l					-ST-ZH		
12. I hereby certify that the information supplied with this filing does not qualify for the exervation 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 by 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.								

Date

Daytime Phone #