## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P00902** 04-19-2004 90239 018 \*\*\*150 00 1. Entity Name E-TALK CORPORATION Principal Place of Business Mailing Address PLICEUPE 4040 W ROYAL LANE **4040 W ROYAL LANE STE 100** STE 100 IRVING, TX 75063 IRVING, TX 75063 IJS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 74-2271956 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Cîty Zip Code FL 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Câmpaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Treasurer DT Addition TITLE Delete TITLE ☐ Change Tinothy Barbar NAME INGLESBY, THOMAS NAME 4040 West Runal Lane, Ste. 100 12 E 49TH STREET STREET ADDRESS STREET ADDRESS Irving itx 75063-2844 NEW YORK, NY 10013 CITY-ST-ZIP CITY-ST-ZIP President/ Director Scott Shute 4040 West Royal Lane, Sto. 100 TITLE ☐ Delete Change ☐ Addition MORGAN, ROXANNE NAME NAME 4040 W ROYAL LN. STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IRVING, TX 75063 CITY-ST-ZIP Irving 1 1x 75063-2844 TITLE D Delete TITLE ☐ Change ☐ Addition FOSTER, WILLIAM NAME NAME STREET ADDRESS 32 SADDLEBROOK RD STREET ADDRESS CITY-ST-ZIP SHERBORN, MA 01770 CITY-ST-ZIP ☐ Change ☐ Addition TITLE CP ☐ Delete TITI F SHUTE, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 4040 W ROYAL LN STE 100 **IRVING, TX 75063** CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NÂME NAME STREET ADDRESS STREET ADDRESS COOSE BLOWELLING: 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental repert 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 on trustee embowered 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.

FILED