


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90025 013 \*\*\*150.00

**DOCUMENT # P01000044895**

1. Entity Name  
**VIBEHOUSE COMMUNICATIONS, INC.**



Principal Place of Business  
**15215 AMBERLY DRIVE, SUITE 906  
 TAMPA, FL 33647**

Mailing Address  
**15215 AMBERLY DRIVE, SUITE 906  
 TAMPA, FL 33647**

**54020285**



03052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3715554</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, MELLANE  
 15215 AMERLY DRIVE SUITE 906  
 TAMPA, FL 33647**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAVIS, MELLANE 15215 AMBERLY DRIVE, SUITE 906 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, MICHAEL 15215 AMBERLY DRIVE SUITE 906 TAMPA, FL 33647
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 any other like empowered.

**SIGNATURE:** *Mellane Davis* **Mellane Davis, Treas. 3/5/04 679-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #