

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90203 006 ***150.00

DOCUMENT # P01000083847		
1. Entity Name ON THE PHONE, INC.		

Principal Place of Business 5100 N FEDERAL HWY, STE 409 FT LAUDERDALE, FL 33308	Mailing Address 5100 N FEDERAL HWY, STE 409 FT LAUDERDALE, FL 33308
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64071131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1131354		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LEGEL, LARRY 5100 N FEDERAL HWY, STE 409 FT LAUDERDALE, FL 33308	

7. Name and Address of New Registered Agent	
Name LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD. SUITE 470 City FORT LAUDERDALE	
FL	Zip Code 33309

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 <i>Larry Legel</i> LARRY LEGEL	DATE 4/30/4

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNASTER, HOWARD 2321 DEER CREEK TRAIL DEERFIELD BCH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D S T ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEGEL, LARRY 5100 N FEDERAL STE 409 FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEGEL, LARRY 800 W. CYPRESS CREEK RD., #470 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 all other like empowered.	
SIGNATURE: <i>Larry Legel</i> LARRY LEGEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/30/4 Daytime Phone # 954 4938900