2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 21, 2004 8:00 am Secretary of State

06/16/04

Date

561-845-3843

Daytime Phone #

DOCUMENT # P03000041677 1. Entity Name EB-CODE, INC.					06-21-2004 90005 014 ***150.00				
Principal Place of Business 1200 N. HARBOR DRIVE ON SINGER ISLAND, FL 33404		Mailing Address 1200 N. HARBOR DRIVE SINGER ISLAND, FL 33404		•				54(J58287
2. Principal Place of Business 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06162004	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Numbe	73-166454	 8	-	plied For
Zip	Country	Zip	o Count		5. Certificate of	of Status Desired	\$8. `	75 Add	
6. Name and Address of Current Register		istered Anent	nent l		Fee Required 7. Name and Address of New Registered Agent				
 _	o. Hante and Address of Outrost Heg	Name							
IM, CHANG B 1200 N. HARBOR DRIVE SINGER ISLAND, FL 33404				Street Address (P.O. Box Number is Not Acceptable)					
SINGER	SLAND, PL 33404								
				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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Fina Trust Fund Contribution.				~ _ +•	.00 May Be ed to Fees	In accordance w corporation did r			
10.	OFFICERS AND DIRECTORS				ADDITIONS/0	CHANGES TO OFFI	CERS AND DIR	ECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D IM, CHANG B 1200 N. HARBOR DRIVE SINGER ISLAND, FL 33404	☐ Delete		ļ				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Delete		. 1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						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 attendment with an address, with all other like empowered.									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR