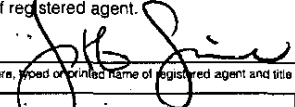
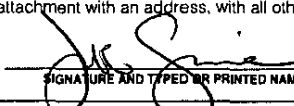


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90063 023 ***150.00

DOCUMENT # P03000057790 1. Entity Name LEVMOF, INC.					
Principal Place of Business 7700 CONGRESS AVENUE BLDG. 2000, SUITE 2208 BOCA RATON, FL 33487			Mailing Address 7700 CONGRESS AVENUE BLDG. 2000, SUITE 2208 BOCA RATON, FL 33487		
2. Principal Place of Business 6001 Broken Sound Pkwy Suite, Apt. #, etc. 414			3. Mailing Address 6001 Broken Sound Pkwy. Suite, Apt. #, etc. 414		
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA		4. FEI Number 03-0519274	
Zip 33487		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOFSHIN, HOWARD 7700 CONGRESS AVENUE BLDG. 2000, SUITE 2208 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Jeff Levine Street Address (P.O. Box Number is Not Acceptable) 6001 Broken Sound Parkway Suite # 414 City BOCA RATON FL Zip Code 33487		
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  DATE 4/6/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MOFSHIN, HOWARD 7700 CONGRESS AVENUE, SUITE 2208 BOCA RATON, FL 33487	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JEFF LEVINE 6001 Broken Sound Pkwy # 414 BOCA RATON, FLORIDA 33487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JEFF LEVINE 6001 Broken Sound Pkwy # 414 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President JONATHAN SCHWARTZ 11 OSWEGO LANE SHORT HILLS, N.J. 07078	☐ 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:  JEFF LEVINE 4/6/04 561 912 9363 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54029678



04052004 Chg-P CR2E034 (10/03)