2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 01, 2004 8:00 am
Secretary of State
04-01-2004 90035 020 ***150.00

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03012004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000089084

1. Entity Name
BUY BEEHIVE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
225 HANGING MOSS CIR LAKE MARY, FL 32746	225 HANGING MOSS CIR LAKE MARY, FL 32746

2. Principal Place of Business	3. Mailing Address
2500 S. Washington Ave	P.O. Box 950203
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville Fl,	City & State: Lake Mary Fl,
Zip: 32780 Country: USA	Zip: 32795 Country: USA

4. FEI Number: 59-3602039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELLAIRE, ERIC
225 HANGING MOSS CIR
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: Eric Bellaire
Street Address (P.O. Box Number is Not Acceptable): 1114 Arbor lakes Circle
City: Sanford FL Zip Code: 32771

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] 3/24/04
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
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	D BELLAIRE, ERIC 225 HANGING MOSS CIR LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bellaire, Eric 1114 Arbor lakes Circle Sanford Fl, 32771 ☐ 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
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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: [signature] 3/24/04 321-363-7321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #