2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 08:00 AM Secretary of State DOCUMENT # P99000097891 TRANSWORLD CREATIVE COMMUNICATIONS, INC. Mailing Address Principal Place of Business 4115 W SPRUCE ST 4115 W SPRUCE ST TAMPA, FL 33607 TAMPA, FL 33607 CR2E034 (10/03) 03152004 No Chg-P DO NOT WRITE IN THIS SPACE 4 FFI Number Applied For 59-3608025 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GOODWIN, JAMES W DO NOT WRITE 400 NORTH TAMPA ST., STE. 2300 TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE GLASS, A.L. SKIP II NAME 4115 W SPRUCE ST STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP TITLE U00000151903 05/04/04-80064-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME.

12. I hereby certify that the information supplied with this filling 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 ightrue 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 employered 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SKIP GLASS President |CED 4/20/04

FILED