2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State

| DOCUMENT # 224344 1. Entity Name TIMES HOLDING CO | | | | | 03-17-2004 90016 018 ***150.00 | | | | |
|--|---|---|---|--------------------|--|------------------------|--------------|----------------|--|
| Principal Place 490 FIRST AV ST PETERSBI | | Mailing Address 490 FIRST AVE S ST PETERSBURG, FL 33701 | | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | . Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03022004 | Chg-P | CR2E0 | 34 (10/03) | |
| City & State | | City & State | | | 4. FEI Numb 59-606 | | | | pplied For at Applicable |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | \$8.75 Add | |
| | 6. Name and Address of Current | Registered Agent | Nan | ne | 7. Name and | Address of New I | Registered A | Agent | |
| | NDREW P AVENUE SOUTH SBURG, FL 33701 | Street Address | | et Address (| P.O. Box Numb | er is Not Acceptabl | e) | | |
| | | | City | | | | FL | Zip Cod | e |
| the obligat | named entity submits this statement for ions of registered agent. | or the purpose of changing it | s registered offic | ce or register | ed agent, or bo | th, in the State of Fl | | familiar with, | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registered Agent : | signature required | when reinstating) | | DATE | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550. | 9. Election Camp Trust Fund Cor | | | .00 May Be led to Fees | | | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS | CHANGES TO OF | FICERS AND | | |
| NAME STREET ADDRESS CITY-ST-ZIP | BARNES, ANDREW E. 490 FIRST AVE S SAINT PETERSBURG, FL 3370 | □ Delete | TITLE NAME Street Addr City-St-Zip | ESS | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TASH, PAUL 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 3370 | Delete | TITLE NAME Street addr City-St-Zip | ESS | | | | Change | Addition . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CORTY, ANDREW P 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 3370 | ☐ Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | ESS | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAILEY, PHILIP L 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 3370 | Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | ESS | *************************************** | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARROLL, R MICHAEL 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 3370 | Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | ESS 49 | ana Jones 90 First Ave t. Petersburg | g, FL 33701 | | ☐ Change | Addition |
| 12. I hereby indicated of the cor changed | certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee empty, or on an attachment with an address. URE: SIGNATURE AND TYPEO OR | with all other like empowere | ew P. Cor | | | | 727/893 | | nformation or director r Block 11 if |