


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90643 008 ***150.00

DOCUMENT # F99000004789	
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1. Entity Name
CARS-DBSPE4, INC.

Principal Place of Business
8270 GREENSBORO DR. #950
SUITE 950
MCLEAN, VA 22102

Mailing Address
8270 GREENSBORO DR. #950
SUITE 950
MCLEAN, VA 22102

13002033



03312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 54-1917713		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

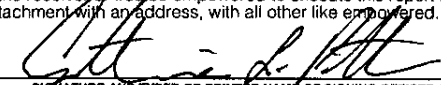
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKERT, THOMAS D			NAME			
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN, VA 22102			CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAY, DAVID S			NAME			
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN, VA 22102			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAUF, PETER C			NAME			
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN, VA 22102			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, JOHN M			NAME			
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN, VA 22102			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNA, KEVIN P			NAME			
STREET ADDRESS	8270 GREENSBORO DR.			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN, VA 22102			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER, CATHERINE			NAME			
STREET ADDRESS	8270 GREENSBORO DR. SUITE 950			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN, VA 22102			CITY-ST-ZIP			

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:  Catherine L. Potter
Assistant Secretary 4-9-04 (703) 288-3075