

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

08 SEP 15 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08132008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 346575</b>					
1. Entity Name J. M. PONTIAC, INC.					
Principal Place of Business 100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442 US			Mailing Address 100 JIM MORAN BLVD. LEGAL DEPT. JMFDF018 DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1288289	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE 09/18/08 -- 01047--006 **\$61.25					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, COLIN W		NAME		
STREET ADDRESS	100 JIM MORAN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CZUBAY, KENNETH M		NAME		
STREET ADDRESS	100 JIM MORAN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP		
TITLE	VGCS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, L TAYLOR III		NAME		
STREET ADDRESS	100 JIM MORAN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCULLY, CHERYL		NAME		
STREET ADDRESS	100 JIM MORAN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, CAREN S		NAME		
STREET ADDRESS	100 JIM MORAN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTER, MARKS S		NAME		
STREET ADDRESS	100 JIM MORAN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 does not appear in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>L. Taylor Ward III</i>		DATE: 9/27/08		DAYTIME PHONE: 954-429-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		L. TAYLOR WARD III VICE PRESIDENT GENERAL COUNSEL		SECRETARY	

KS