

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90052 017 ***150.00

DOCUMENT # 668756
 1. Entity Name
 PETER LANE FINE ARTS CORP.



04068932

Principal Place of Business Mailing Address
 % DANIEL P. LEIBLEIN % DANIEL P. LEIBLEIN
 4433 STIRLING RD 4433 STIRLING RD
 FT LAUDERDALE, FL 33314 FT LAUDERDALE, FL 33314



2. Principal Place of Business 3. Mailing Address
 9715 W. Broward Blvd 9715 W. Broward Blvd
 Suite # 317 Suite # 317

07302004 Chg-P CR2E034 (10/03)

City & State Plantation FL City & State Plantation FL
 Zip 33324 Country U.S.A. Zip 33324 Country U.S.A.

4. FEI Number 59-1994878 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHARP, JODI
 501 NW 107 AVE
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name Jodi Sharp
 Street Address (P.O. Box Number is Not Acceptable)
 1141 NW 115 Ave
 City Plantation FL Zip Code 33323

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: *Jodi Sharp* Jodi Sharp 8/12/04
Signature, in ink or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEBLEIN, JACQUELINE 501 NW 107TH AVE PLANTATION, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEBLEIN, GREGORY 10457 SW 22 PLACE DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SHARP, JODI 501 NW 107 AVE PLANTATION, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE: *Jodi Sharp* Jodi Sharp 8/12/04 9545837171
Signature and typed or printed name of signing officer or director Date Daytime Phone #