
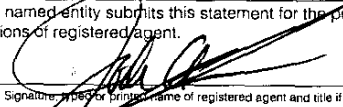
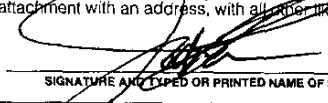


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business % DANIEL P. LEIBLEIN 4433 STIRLING RD FT LAUDERDALE, FL 33314			Mailing Address % DANIEL P. LEIBLEIN 4433 STIRLING RD FT LAUDERDALE, FL 33314		
2. Principal Place of Business 9715 W. Broward Blvd Suite # 317 Plantation FL 33324 U.S.A.			3. Mailing Address 9715 W. Broward Blvd Suite # 317 Plantation FL 33324 U.S.A.		
4. FEI Number 59-1994878			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			07302004 Chg-P CR2E034 (10/03)		
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 DATE 8/12/04 <small>Signature, in ink or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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			
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 life empowered.					
SIGNATURE:  Jodi Sharp DATE 8/12/04 DAYTIME PHONE 9545837171 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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