

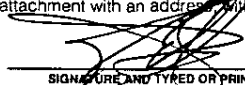


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 692323 1. Entity Name MAGNUM HOLDING COMPANY, INC.						FILED 04 FEB 16 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business C/O BROAD AND CASSEL 7777 GLADES ROAD, #300 BOCA RATON, FL 33434			Mailing Address C/O BROAD AND CASSEL 7777 GLADES ROAD, #300 BOCA RATON, FL 33434			 01082004 Chg-P CR2E034 (10/03)			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country	Zip	Country					
4. FEI Number 59-2185883				Applied For <input type="checkbox"/> 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					
DEUTCH, JEFFREY A., ESQ. 7777 GLADES ROAD, #300 BOCA RATON, FL 33434				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMERANTZ, ALICE 8600 DECARIE BLVD, STE 200 TOWN OF MOUNT ROYAL, QC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100028960571 02/18/04--01005--001 **5000.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANKLIN J. 8600 DECARIE BLVD., STE 200 TOWN OF MOUNT ROYAL, QC	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GATTINGER, FRANKLIN J. 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC. CANADA					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RALPH JR 8600 DECARIE #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESPOSITO, RAPHAEL Jr 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC. CANADA					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD POMERANTZ, TERRY JR 8600 DECARIE #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD POMERANTZ TERRY 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC. CANADA					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERANTZ, TERRY JR 8600 DECARIE #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete	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"/> Delete	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 like empowered.									
SIGNATURE: 			R. Esposito			04.07.24 Date		577-341-8600 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									