

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 752055</b> <small>1. Entity Name</small> <b>SOUTH BROWARD BUSINESS COUNCIL, INC.</b>					
<small>Principal Place of Business</small> <b>2801 N 38 AVE HOLLYWOOD, FL 33021</b>		<small>Mailing Address</small> <b>P.O. BOX 6091 HOLLYWOOD, FL 33081-6091</b>			
<b>DO NOT WRITE IN THIS SPACE</b>		 01072004 No Chg-NP      CR2E037 (10/03)			
<small>4. FEI Number</small> <b>59-2040572</b>		<small>Applied For</small> <input type="checkbox"/> Not Applicable			
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<small>6. Name and Address of Current Registered Agent</small>  <b>STOODLEY, JAMES J 2801 N 38 AVE HOLLYWOOD, FL 33021</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
<small>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.</small>  <small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating))</small> <small>DATE</small> _____					
Filing Fee is \$61.25 Due by May 1, 2004		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
<small>TITLE</small> PD <small>NAME</small> STOODLEY, JAMES <small>STREET ADDRESS</small> 2801 N 38 AVE <small>CITY-ST-ZIP</small> HOLLYWOOD, FL 33021	<small>TITLE</small> DV <small>NAME</small> SALTZ, MARK L <small>STREET ADDRESS</small> 3501 GRIFFIN ROAD <small>CITY-ST-ZIP</small> FT LAUDERDALE, FL 33312				
<small>TITLE</small> TD <small>NAME</small> LEONARD, MALCOLM A <small>STREET ADDRESS</small> 3810 HOLLYWOOD BLVD <small>CITY-ST-ZIP</small> HOLLYWOOD, FL 33021	<small>TITLE</small> D <small>NAME</small> GRANT, JAMES <small>STREET ADDRESS</small> 6109 PEMBROKE ROAD <small>CITY-ST-ZIP</small> HOLLYWOOD, FL 33023				
<small>TITLE</small> D <small>NAME</small> HAVEL, TERRY <small>STREET ADDRESS</small> 5754 JOHNSON STREET <small>CITY-ST-ZIP</small> HOLLYWOOD, FL 33021	<small>TITLE</small> D <small>NAME</small> ROBERTS, BRUCE A <small>STREET ADDRESS</small> 19495 BISCAYNE BLVD <small>CITY-ST-ZIP</small> AVENTURA, FL 33180				
<small>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 617, 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.</small>				<b>SIGNATURE:</b> <u>James J. Stoodley</u> <b>JAMES J. STOODLEY, PRESIDENT</b> <u>1/12/04</u> <u>(954) 962-9997</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>	