03-18-2004 90029 049 ****61.25
820496

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 820496

1. Entity Name
SELIG ENTERPRISES, INC.

04 MAR 29 AM 10:05

TALLAHASSEE, FLORIDA

94031502

03082004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
1100 SPRING STREET N W SUITE 550 ATLANTA, GA 30309-2848	1100 SPRING STREET N W SUITE 550 ATLANTA, GA 30309-2848

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 58-6016800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEBEAUBIEN, HUGO H ESQ 332 N MAGNOLIA AVE ORLANDO, FL 32802	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SELIG, S. STEPHEN III 1100 SPRINGS ST., SUITE 550 ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V S.Kevin Curry 1100 Spring St., Suite 550 Atlanta, GA 30309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD DAWKINS, WILLIAM J 1100 SPRINGS ST., SUITE 550 ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bonnie Dean 1100 Spring St., Suite 550 Atlanta, GA 30309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WITT, DAVID E 1100 SPRINGS ST., SUITE 550 ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIDDLE, ROBERT C 1100 SPRINGS ST., SUITE 550 ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT STEIN, RONALD J 1100 SPRINGS ST., SUITE 550 ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/29	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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.

SIGNATURE: _____ 3/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #