

2004 FOR PROFIT CORPORATION ANNUAL REPORT

UPS NDA #

12

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90065 004 ***158.75

DOCUMENT # F0000000467
1. Entity Name
LIBERTY DIRECT SERVICES CORPORATION



Principal Place of Business Mailing Address
10400 S. US HIGHWAY 1 10400 S. US HIGHWAY 1
SUITE 300 SUITE 300
PORT ST. LUCIE, FL 34952 US PORT ST. LUCIE, FL 34952 US

J4001000

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 13420
Suite, Apt. #, etc. Suite, Apt. #, etc.



03022004 Chg-P CR2E034 (10/03)

City & State FORT PIERCE, Florida

4. FEI Number 06-1553692 Applied For Not Applicable

Zip Country 34979 USA

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

6. Name and Address of Current Registered Agent
KLEIN, ROBERT N
C/O DEAN, MEAD, MINTON & KLEIN
1903 SOUTH 25TH STREET, SUITE 200
FT. PIERCE, FL 34947

7. Name and Address of New Registered Agent
Name CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation FL Zip Code 33324

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]* James A. Bordonaro Assistant Secretary DATE 4-23-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
T NAME: WALTERS, ERIC G STREET ADDRESS: 165 CAMBRIDGE TNPKE CITY-ST-ZIP: CONCORD, MA 01742	<input type="checkbox"/> Delete
PS NAME: TROWBRIDGE, KEITH STREET ADDRESS: 2421 S.E. BAHIA WAY CITY-ST-ZIP: STUART, FL 34996	<input type="checkbox"/> Delete
D NAME: SICILIANO, ARTHUR STREET ADDRESS: 13 SALT MARSH LN CITY-ST-ZIP: GLOUCESTER, MA 01930	<input type="checkbox"/> Delete
 NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
 NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TREASURER NAME: CHRISTOPHER MATOSKE STREET ADDRESS: 10400 S. US HWY 1 STE 300 CITY-ST-ZIP: PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY NAME: CHRISTOPHER MATOSKE STREET ADDRESS: 10400 S. US HWY 1 STE 300 CITY-ST-ZIP: PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT NAME: CHRISTOPHER MATOSKE STREET ADDRESS: 10400 S. US HWY 1 STE 300 CITY-ST-ZIP: PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR NAME: STEPHEN C. FARRELL STREET ADDRESS: 80045 S. US HWY 1 CITY-ST-ZIP: PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 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: *[Signature]* Christopher Matoske DATE: 4-23-04 DAYPHONE: 888-790-0330