2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State

ANNUAL REPORT					Secretary or State		
DOCUI 1. Entity Nam ANTEK, I		285 .			07-19-2004	90007 037 ***158.75	
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Principal Place of Business 228 BUSINESS CENTER DR REISTERTOWN, MD 21136		Mailing Address 228 BUSINESS CENTER DR REISTERTOWN, MD 21136		(188)	in Beni Beni Beni Beni Beni Alii A	54063262	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numl 52-15	•	Applied For Not Applicable	
Zip -	Country	Zip	Country		e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New Reg	jistered Agent	
REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302				Street Address (P.O. Box Number is Not Acceptable)			
	. P		City FL Zip Code				
	named entity submits this statement for ions of registered agent. Storaure, yood or printed name of registered agent agent.			r registered agent, or b ure required when reinstating)	oth, in the State of Flori	da. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		th s. 607.193(2)(b), F.S., the ot receive the prior notice.	
10.	4 OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLACK, ANDREW A 10 FRANKLIN BLVD REISTERSTOWN, MD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	228 Busi Reister	iness Cente stown, mD	© Change ☐ Addition The The The Third The Th	
TITLE	S	☐ Delete	TITLE			Change Addition	
NAME	SCHALIZKI, BRONSON		NAME	-0R4	siness Ce	ater De	
STREET ADDRESS	10 FRANKLIN BLVD		STREET ADORESS CITY-ST-ZIP	270 130	stewn, m	7. 3.1136	
CITY-ST-ZIP	REISTERSTOWN, MD	- Defere	TITLE-	VEIZICI.	SIENA, M.	_ Change Addition	
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		☐ Delete	TITLE		<u>.</u>	☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Detete	TITLE			☐ Change ☐ Addition	
NAME			NAME	1			
STREET ADDRESS CITY-ST-ZIP		this filling data act 115 f	STREET ADDRESS CITY-ST-ZIP	and in Section 110 07/3	()(i) Florida Stebuton Li	urther certify that the information	
12. I hereby	certify that the information supplied with on this report or supplemental report is	true and accurate and that	my signature shall l	nave the same legal effe	ect as if made under oa	th; that I am an officer or director	

12. I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 19.07(3)(f), Florida Statutes. Floring Statutes in 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

School Schalyles

Browson

Schalizki 7/12/04

9/0 - 5/7 - 0330 Daytime Phone # 2/00/