


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2004 90030 039 ***150.00

DOCUMENT # F00000005760		
1. Entity Name BROWN TAMPA UPC, INC.		

Principal Place of Business 225 EAST REDWOOD STREET BALTIMORE, MD 21202	Mailing Address 225 EAST REDWOOD STREET BALTIMORE, MD 21202
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94021562



2. Principal Place of Business 300 EAST LOMBARD STREET	3. Mailing Address 300 EAST LOMBARD STREET
Suite, Apt. #, etc. SUITE 1200	Suite, Apt. #, etc. SUITE 1200

02102004 Chg-P CR2E034 (10/03)

City & State BALTIMORE, MD	City & State BALTIMORE, MD	4. FEI Number 52-2253550	Applied For <input type="checkbox"/> Not Applicable
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Zip 21202	Country USA	Zip 21202	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUGH, JOHN M 225 EAST REDWOOD STREET BALTIMORE, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANCROFT, PETER E 225 EAST REDWOOD STREET BALTIMORE, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GISRIEL, TIMOTHY M 225 EAST REDWOOD STREET BALTIMORE, MD 21202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALL, TERRY F 225 E REDWOOD STREET BALTIMORE, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 EAST LOMBARD STREET, SUITE 1200 BALTIMORE, MD 21202
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
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: Timothy M Gisriel **Timothy M Gisriel** 02/24/04 410-727-4083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #