2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 14, 2004 8:00 am Secretary of State DOCUMENT # F00000006970 04-12-2004 90670 028 ***150.00 AMERIC DISC U.S.A. ENTERPRISES INC. Principal Place of Business Mailing Address 66421742 2525 RUE CANADIEN 2525 RUE CANADIEN DRUMMONDVILLE DRUMMONDVILLE QUEBEC J2C 7W2 CANADA. QUEBEC J2C 7W2 CANADA. CA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0404191 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELUREN, MARK S ESQ 2200 NORTH COMMERCE PARKWAY Street Address (P.O. Box Number is Not Acceptable) **SUITE 202** WESTON, FL 33326 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE ☐ Change ☐ Addition NAME LITTLEFIELD, DAVID NAME STREET ADDRESS 2525 RUE CANADIEN STREET ADDRESS CITY-ST-ZIP QUEBEC, CA i2c 7w2 CITY-ST-ZIP VSTD TITLE Delete PSD TITLE Change ☐ Addition RAYMOND, CLAUDE NAME NAME STREET ADDRESS 2525 RUE CANADIEN STREET ADDRESS CITY-ST-ZIP QUEBEC J2C 7W2 CANADA, CITY-ST-ZIP TITLE ☐ Delete TITLE **VD Addition** ☐ Change NAME NAME Claude Fragman STREET ADDRESS STREET ADDRESS 2525 rue Canadien CITY - ST-ZIP CITY-ST-ZIP Drummondville, Ouebec: Canada J2C TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change [7] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: Claude Raymond: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

OR DIRECTOR

May 12, 2004

819-474-2655

Davtime Phone #

FILED