

05-14-2004 90012 026 ***158.75

F01000004996

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

04 MAY 27 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2407597503042003 No Chg-P CR2E034 (10/03) **04**

4. FEI Number 52-2338838	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE**6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**DO NOT WRITE
IN THIS SPACE**

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

**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**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

TITLE	PSD CHAIRMAN & CEO
NAME	RISKO, JOHN "JACK"
STREET ADDRESS	10940 WILSHIRE BLVD., SUITE 1600
CITY-ST-ZIP	LOS ANGELES, CA 90024
TITLE	VMTS SR VP FINANCE, ADMIN & MIS
NAME	HERNANDEZ, MARLENE
STREET ADDRESS	150 OCEAN LANE DR. #5F
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	GOO PRESIDENT
NAME	KALHIL, FARYT
STREET ADDRESS	4102 LAUREL RIDGE CIR.
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VPSM SR VP SALES & MARKETING
NAME	LEON, JOSE
STREET ADDRESS	13560 SW 111 AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VPEQ
NAME	JOHNSON, TOM
STREET ADDRESS	4805 NW 90TH PL.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04 305-526-7331

Date

Daytime Phone #

B