

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000805

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** LINE SYSTEMS, INC.

**Current Principal Place of Business:**

520 ABBOTT DRIVE, SUITE E  
BROOMALL, PA 19008

**New Principal Place of Business:**

17 CAMPUS BLVD  
SUITE 100  
NEWTWON SQUARE, PA 19073

**Current Mailing Address:**

520 ABBOTT DRIVE, SUITE E  
BROOMALL, PA 19008

**New Mailing Address:**

17 CAMPUS BLVDE  
SUITE 100  
NEWTWON SQUARE, PA 19073

**FEI Number:** 23-3029302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: FIREMAN, RAYMOND  
Address: 520 ABBOTT DRIVE, SUITE E  
City-St-Zip: BROOMALL, PA 19008

Title: STVC ( ) Delete  
Name: FIREMAN, BARRY  
Address: 520 ABBOTT DRIVE, SUITE E  
City-St-Zip: BROOMALL, PA 19008

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PC (X) Change ( ) Addition  
Name: FIREMAN, RAYMOND  
Address: 17 CAMPUS BLVD, SUITE 100  
City-St-Zip: NEWTWON SQUARE, PA 19073

Title: STVC (X) Change ( ) Addition  
Name: FIREMAN, BARRY  
Address: 17 CAMPUS BLVD, SUITE 100  
City-St-Zip: NEWTWON SQUARE, PA 10973

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MILLER

CEO

04/28/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date