2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F03000003440

1. Entity Name
MERIDIAN ASSOCIATES, INC.

FILED
04 OCT 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
265 HATTERAS AVENUE, STE.A CLERMONT, FL 34711	98 HIGH STREET DANVERS, MA 01923

10142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3505 Lake Lynda Drive	
Suite, Apt. #, etc. # 203	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip: 32817 Country: USA	Zip: Country:

4. FEI Number: 04-3071690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUMMEL, JESSIE 265 HATTERAS AVENUE STE. A CLERMONT, FL 34711	Name: Nicholas S. Frazzitta Street Address (P.O. Box Number is Not Acceptable) 3505 Lake Lynda Drive Suite 203 City: Orlando FL Zip Code: 32817

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: Nicholas S. Frazzitta 10/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP WAITT, RICHARD E JR 98 HIGH STREET DANVERS, MA 01923	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BOWEN, DONALD E JR 98 HIGH STREET DANVERS, MA 01923	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000041553880 ☐ Addition 10/26/04--01034--002 **26.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JULIANO, MICHAEL J 98 HIGH STREET DANVERS, MA 01923	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMIREZ, LOUIS 265 HATTERAS AVENUE STE. A CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000041553880 10/08/04--01003--001 **35.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Nicholas S. Frazzitta 3505 Lake Lynda Drive, Suite 203 Orlando, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: 10/19/04 978-739-9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Lewis