

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2004
Secretary of State**

DOCUMENT# F03000004029

Entity Name: 10 SECONDS, INCORPORATED

Current Principal Place of Business:

7500 141ST ST. N.
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

PO BOX 3396
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 54-1706480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETROCELLI, BOBBY
7500 141ST ST. N.
SEMINOLE, FL 33776

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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: PETROCELLI, BOBBY
Address: PO BOX 3396
City-St-Zip: SEMINOLE, FL 33775

Title: VCP () Delete
Name: PETROCELLI, SUZANNE
Address: PO BOX 3396
City-St-Zip: SEMINOLE, FL 33775

Title: ST () Delete
Name: PETROCELLI, SUZANNE
Address: PO BOX 3396
City-St-Zip: SEMINOLE, FL 33775

Title: D () Delete
Name: FREDERICK, CHRISTOPHER
Address: 555 KAPPOCK ST APT 14R
City-St-Zip: RIVERDALE, NY 10463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE M. PETROCELLI

VP

02/04/2004

Electronic Signature of Signing Officer or Director

Date