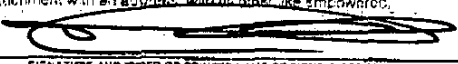


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90283 028 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F22791			
1. Entity Name AROUND TOWN PUBLICATIONS, INC.			
Principal Place of Business 1280 S POWERLINE RD STE 16 POMPANO BEACH, FL 33069 US		Mailing Address 1413 S POWERLINE RD POMPANO BEACH, FL 33069 US	
2. Principal Place of Business		3. Mailing Address <i>1280 S. POWERLINE RD.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 16</i>	
City & State		City & State <i>POMPANO BEACH, FL</i>	
Zip	Country	Zip	Country
<i>33069</i>	<i>U.S.A.</i>	<i>33069</i>	<i>U.S.A.</i>
8. Name and Address of Current Registered Agent MASCOLA, PATRICK 1280 S POWERLINE RD STE 16 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 _____ DATE _____ (Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-registering))			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD MASCOLA, PATRICK 1280 S POWERLINE RD #16 POMPANO BEACH, FL 33065	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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
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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)(f), 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: 		PATRICK MASCOLA 4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	