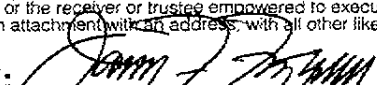


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F94776 1. Entity Name LAPPIN COMMUNICATIONS - FLORIDA, INC.					
Principal Place of Business 500 AUSTRALIAN AVE SOUTH SUITE 100 WEST PALM BEACH FL 33401 US			Mailing Address 500 AUSTRALIAN AVE SOUTH SUITE 100 WEST PALM BEACH FL 33401 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 13-3129090
5. Certificate of Status Desired ☒					Applied For ☒ Not Applicable
6. Name and Address of Current Registered Agent FITZGERALD JAMES F. 500 AUSTRALIAN AVE. SOUTH SUITE 100 WEST PALM BEACH FL 33401					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.					FL Zip Code
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS FITZGERALD, JAMES F 500 AUSTRALIAN AVE. SOUTH, SUITE 100 WEST PALM BEACH FL 33401		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LAPPIN, W.R. 500 AUSTRALIAN AVE. SOUTH, SUITE 100 WEST PALM BEACH FL 33401		U00000012044 01/23/04-80062-012 158.75		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		[Empty]		
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 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					
Date: 1/23/04 Daytime Phone #: 561-655-3469					