


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90249 001 \*\*\*317.50

<b>DOCUMENT # F96000003507</b> 1. Entity Name <b>EDIETS.COM, INC.</b>					
Principal Place of Business <b>3801 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>3801 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>56-0952883</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HUMBLE, DAVID R 3801 W HILLSBORO B LVD DEERFIELD BEACH, FL 33442</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUMBLE, DAVID R	NAME			
STREET ADDRESS	2696 EMERALD WAY N	STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH, FL	CITY - ST - ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, ROBERT T	NAME			
STREET ADDRESS	3801 W HILLSBORO ROAD	STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORTEGA, PEDRO	NAME			
STREET ADDRESS	3801 W HILLSBORO BLVD	STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MC COURT, CIARAN	NAME			
STREET ADDRESS	3801 W HILLSBORO BLVD	STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIER, ISAAC	NAME			
STREET ADDRESS	3801 W HILLSBORO BLVD	STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ISGUR, LEE S	NAME			
STREET ADDRESS	3801 W HILLSBORO BLVD	STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	CITY - ST - ZIP			
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: <i>Robert T. Hamilton</i>		4/26/04 954-360- Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT T. HAMILTON - CFO</b>					

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FL

Zip Code

9022