
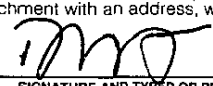


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90005 036 ***150.00

DOCUMENT # F97000002490					
1. Entity Name THD AT-HOME SERVICES, INC.					
Principal Place of Business 3200 COBB GALLERIA PKWY. SUITE 200 ATLANTA GA 30339			Mailing Address 3200 COBB GALLERIA PKWY. SUITE 200 ATLANTA GA 30339		
2. Principal Place of Business 2455 PACES FERRY RD., C-20			3. Mailing Address 2455 PACES FERRY RD., C-20		
Suite, Apt. #, etc. C-20			Suite, Apt. #, etc. C-20		
City & State ATLANTA, GA			City & State ATLANTA, GA		
Zip 30339		Country USA		Zip 30339	
		Country USA			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)</small>					
DATE _____					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDOWITZ, STEVE		NAME	Francis S. Blake	
STREET ADDRESS	4721 TREEFERN DR		STREET ADDRESS	2455 Paces Ferry Rd.	
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	CPD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFT, ROBERT		NAME	Joe Izganics	
STREET ADDRESS	3631 TUXEDO RD		STREET ADDRESS	2455 Paces Ferry Rd.	
CITY-ST-ZIP	ATLANTA GA 30305		CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNELL, SCOTT		NAME	Frank L. Fernandez	
STREET ADDRESS	1832 DURAND MILL ROAD		STREET ADDRESS	2455 Paces Ferry Rd.	
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D, VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, MICHAEL		NAME	Carol B. Tome	
STREET ADDRESS	105 ANDYS LANE		STREET ADDRESS	2455 Paces Ferry Rd.	
CITY-ST-ZIP	RENFREU PA		CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, DAVID		NAME	Dominic C. Mazzone	
STREET ADDRESS	301 GRAYS LANE		STREET ADDRESS	2455 Paces Ferry Rd.	
CITY-ST-ZIP	HAVERFORD PA		CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOHN		NAME		
STREET ADDRESS	383 MADISON AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10179		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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date		
			Daytime Phone #		

44018465



MOORE CR2E034 (11/03)

4. FEI Number 75-2698460
Applied For
Not Applicable

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

FL Zip Code

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04
Date

770-433-8241
Daytime Phone #