

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90025 005 \*\*\*150.00

44011796



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>95-4549800</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DOCUMENT # F97000004268**

1. Entity Name  
**THE JOHNNY ROCKETS GROUP, INC.**



Principal Place of Business <b>26970 ALISO VIEJO PKWY          SUITE 100          ALISO VIEJO, CA 92656</b>	Mailing Address <b>26970 ALISO VIEJO PKWY          SUITE 100          ALISO VIEJO, CA 92656</b>
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**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE, FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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	CD SHUMSKY, MICHAEL R 26970 LAGUNA HILLS DRIVE SUITE 100 ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLACK, BRUCE 30 ROCKER FELLAR PLAZA STE 5050 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, JOHN 500 BOYLSTON ST STE 1880 BOSTON, MA 021163740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tertelbaum, Jill <sup>46 Bragg Santa &amp; Kulova</sup> 801 S. Figueroa St. Ste 2100 Los Angeles, CA 90012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, RICHARD 20 UNIVERSITY ROAD CAMBRIDGE, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, MARK 551 FIFTH AVE 31ST FLOOR NEW YORK, NY 10176

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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: Michael R Shumsky **Michael R Shumsky** 2/13/04 (949) 693-6106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Chairman CEO*