

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004719

1. Entity Name
EYT EAST, INC.



FILED
04 JUL 19 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14100 PARK MEADOW DR.
CHANTILLY, VA 20151

Mailing Address
14100 PARK MEADOW DR.
CHANTILLY, VA 20151

2. Principal Place of Business
14100 Park Meadow Drive

3. Mailing Address
140 Fourth Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 250

07142004

Chg-P

CR2E034 (10/03)

City & State
Chantilly, VA 20151

City & State
Seattle, WA 98109

4. FEI Number
54-1808589

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CULMAN, BARRY 14100 PARK MEADOW DR. CHANTILLY, VA 20151	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, WILLIAM 14100 PARK MEADOW DR. CHANTILLY, VA 20151	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DIRCKS, THOMAS C 535 MADISON AVE. NEW YORK, NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELD, BRADLEY 1630 30TH ST BOULDER, CO 80301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, JAY M 535 MADISON AVE. NEW YORK, NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBIN, STEVE 1585 BROADWAY NEW YORK, NY	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Howard Diamond 140 Fourth Ave. N., #250, Seattle, WA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Craig Sherman 701 Fifth Ave., #5100, Seattle, WA 98104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800039536038 07/26/04--01068--017 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Craig Sherman

Craig Sherman, Secretary

7/15/04

(206) 883-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #