


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90010 037 \*\*\*\*61.25

<b>DOCUMENT # F97000005907</b> 1. Entity Name <b>THE JAMES RANDI EDUCATIONAL FOUNDATION, INC.</b>	
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Principal Place of Business <b>201 SE 12 ST FORT LAUDERDALE, FL 33316 US</b>	Mailing Address <b>201 SE 12 ST. FT. LAUDERDALE, FL 33316-1858</b>
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0649443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS RANDI, JAMES 201 SE 12 ST. FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSAS ADAMS, RICHARD L JR. 201 SE 12 ST. FT. LAUDERDALE, FL 333161858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVAREZ, JOSE L 201 SE 12 ST. FT. LAUDERDALE, FL 333161858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>HAROLD BIDLACK*</b> <b>1970 ANASAZI CT.</b> <b>COLORADO SPRINGS, CO 80919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 617, 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:**  **2-5-04** **954-467-1112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #