


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001619 1. Entity Name BEST FRANCHISING, INC.	
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Principal Place of Business 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329	Mailing Address 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2373272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000077710 03/05/04-80054-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO LEVEN, MICHAEL A 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPF DAYMAN, MARK 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ARONSON, STEPHEN D 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVEN, MIKE 13 CORPORATE SQ SUITE 250 ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROGA, DOUGLAS 200 WEST MADISON CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark Dayman 3/4/04 404 235-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #