2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 22, 2004 08:00 AM Secretary of State DOCUMENT # F98000001633 21ST CENTURY SCREENS, INC. Principal Place of Business Mailing Address 1599 SW 30TH AVE 1599 SW 30TH AVE STE 5 STE 5 BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 02272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0817214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-0000 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CPS TITLE UQ0000093187 22/04-80008-005 150.00 FRASER, WES NAME STREET ADDRESS 1599 SW 30TH AVENUE, SUITE 5 City- St-ZiP BOYNTON BEACH, FL 33426 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of trustee empowered to extend 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 at the information 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 same appears in Block 10 or Block 11 if 561-742-8436 SIGNATURE:

CITY-ST-ZIP