


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 30, 2004 08:00 AM

Secretary of State

DOCUMENT # F98000006488 1. Entity Name SIGNIUS COMMUNICATIONS, INC.	
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Principal Place of Business 4250 US ROUTE 1 N SUITE 4 MONMOUTH JCT, NJ 08852-1905	Mailing Address 4250 US ROUTE 1 N SUITE 4 MONMOUTH JCT, NJ 08852-1905
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03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3501599	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEON, JOSUE 4902 SW 72ND AVE MIAMI, FL 33155

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

1100000099193
03/30/04-80003-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUDES, GARY 345 WITHERSPOON ST PRINCETON, NJ 08542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTSHAW, BARBARA 345 WITHERSPOON ST PRINCETON, NJ 08542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZAR, ALAN 345 WITHERSPOON ST PRINCETON, NJ 08542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERTSHAW, WILLIAM 345 WITHERSPOON ST PRINCETON, NJ 08542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN N. ZAR 3/23/04

Date

Daytime Phone #