

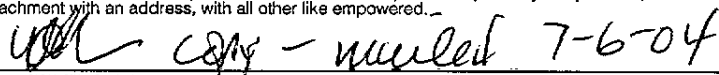


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000006682			
1. Entity Name BITRAGE INC.			
Principal Place of Business 100 SOUTHPARK BLVD. SUITE 400 SAINT AUGUSTINE, FL 32086		Mailing Address 100 SOUTHPARK BLVD. SUITE 400 SAINT AUGUSTINE, FL 32086	
DO NOT WRITE IN THIS SPACE			
			
		07062004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3538341		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			
NEWMAN, MICHAEL S HOLLAND & KNIGHT LLP, ATTN JAMES MAIN 50 N LAURA ST., STE 3900 JACKSONVILLE, FL 32202		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PCD DIONNE, JAMES J 500 SAND IRON CIRCLE NO. 524 PONTE VEDRA BEACH, FL 32082		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD NEWMAN, MICHAEL S 109 SOUTH BEND DRIVE PONTE VEDRA BEACH, FL 32082		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEMETRIOU, E.C. YPSILANTOU 30 ATHEN, GR 11521		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BEATTY, LLOYD S 15985 GOSLING LN ROYAL OAKS, MD 21662		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRADY, CHRISTOPHER 70 EAST 55TH STREET, 2ND FLOOR NEW YORK, NY 10022		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LIPWORTH, BERTRAND 65 SLOANE ST. LONDON SW1X 95 H,		
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:  7-6-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			