


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

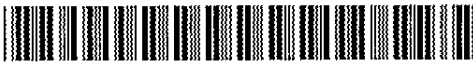
DOCUMENT # F99000000930
 1. Entity Name
 BDB AGENT CO.



Principal Place of Business
 50 S MAIN ST., 10TH FL
 AKRON, OH 44308

Mailing Address
 50 S MAIN ST., 10TH FL
 AKRON, OH 44308

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
 52-2147401 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOBERMAN, SOLOMON
 2500 N MILITARY TRL, STE 480
 BOCA RATON, FL 33431

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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 _____ 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEORGE, NICHOLAS T
STREET ADDRESS	50 S. MAIN STREET, 10TH FLOOR
CITY-ST-ZIP	AKRON, OH 44308
TITLE	D
NAME	ROSENTHAL, BRENT D
STREET ADDRESS	50 S. MAIN STREET, 10TH FLOOR
CITY-ST-ZIP	AKRON, OH 44308
TITLE	STD
NAME	MALONE, ROBERT W
STREET ADDRESS	50 S. MAIN STREET, 10TH FLOOR
CITY-ST-ZIP	AKRON, OH 44308
TITLE	V
NAME	MOPSICK, MICHAEL D
STREET ADDRESS	2500 N MILITARY TRAIL STE 489
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert W. Malone 1/8/04 330-376-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 ROBERT W. MALONE