## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000002723

Entity Name: MEMBER ADVANTAGE SERVICE CORPORATION

FILED Apr 08, 2004 Secretary of State

| Current Principal Place of Business:               |                                                      |                                 | New Princip                                 | New Principal Place of Business:                      |  |  |
|----------------------------------------------------|------------------------------------------------------|---------------------------------|---------------------------------------------|-------------------------------------------------------|--|--|
| 6408 PARKLAND DRIVE, STE 105<br>SARASOTA, FL 34243 |                                                      |                                 | 5581 BROAD<br>STE 100                       | 5581 BROADCAST COURT                                  |  |  |
| Current N                                          | lailing Addres                                       | ss:                             | New Mailing                                 | New Mailing Address:                                  |  |  |
| 6408 PARKLAND DRIVE, STE 105<br>SARASOTA, FL 34243 |                                                      |                                 | STE 100                                     | 5581 BROADCAST COURT<br>STE 100<br>SARASOTA, FL 34240 |  |  |
| FEI Number                                         | : 39-1723210                                         | FEI Number Applied For ( )      | FEI Number Not Applica                      | able ( ) Certificate of Status Desired ( )            |  |  |
| Name and                                           | d Address of (                                       | Current Registered Agent:       | Name and A                                  | Address of New Registered Agent:                      |  |  |
| 1505 N FL<br>TAMPA, F<br>The above<br>in the State | e named entity<br>e of Florida.                      | S                               | urpose of changing its                      | registered office or registered agent, or both,       |  |  |
| SIGNATUI                                           |                                                      | nic Signature of Registered Age | nt                                          | Date                                                  |  |  |
| Election Car                                       |                                                      | g Trust Fund Contribution ( ).  |                                             | Bate                                                  |  |  |
| OFFICERS AND DIRECTORS:                            |                                                      |                                 | ADDITIONS                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS           |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | PIANO, ANTHO                                         | ND DRIVE, STE 105               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                                   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | JESSEN, LAW                                          | ND DRIVE, STE 105               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                                   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | SD (<br>KRANITZ, RICI<br>1238 12TH AV<br>GRAFTON, WI | ENUE                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                                   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | D (<br>DAVIS, RICHA<br>1503 WEST M<br>MEQUON, WI     |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                                   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:        | V (X<br>HALPERIN, MU<br>1259 NW 16TH<br>BOCA RATON,  | STREET                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                                   |  |  |
| Title:<br>Name:<br>Address:<br>Citv-St-Zip:        | HALFMAN, CH                                          | R RIDGE DRIVE                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                               |  |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE M. JESSEN VASD 04/08/2004