


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90746 014 \*\*\*158.75

<b>DOCUMENT # G72017</b> 1. Entity Name THE JAZZIZ MAGAZINE, INC.	
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Principal Place of Business 2650 NORTH MILITARY TRAIL SUITE 140 BOCA RATON, FL 33431 US	Mailing Address 2650 NORTH MILITARY TRAIL SUITE 140 BOCA RATON, FL 33431 US
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02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2338502	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent -  FAGIEN, LORI B. 7426 FLORANADA WAY DELRAY BEACH, FL 33446
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FAGIEN, LORI B. 7426 FLORANADA WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FAGIEN, MICHAEL 7426 FLORANDA WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:**  **LORI B. FAGIEN** **561-893-6868 X312**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #