## 2004 FOR PROFIT CORPORATION

## Apr.22, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # H44035** 1. Entity Name TVTÁXI.COM, INC. Principal Place of Business Mailing Address 5750 N POWERLINE RD 5750 N POWERLINE RD FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33309 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2556262 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRAMER, A. BRETT DO NOT WRITE 5750 N. POWERLINE ROAD FT, LAUDERDALE, FL 33309 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 Signature, typed or printed name of registered agent and tille if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000125580 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/22/04-80090-013 150.00 10. OFFICERS AND DIRECTORS PTD TITLE CRAMER, A. BRETT NAME STREET ADDRESS 5750 N. POWERLINE ROAD FORT LAUDERDALE, FL 33309 CAY-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City+ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(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:

CITY-ST-ZIP TITS F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HARME OF SIGNING OFFICER OR DIRECTOR

**FILED**