## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 08, 2004 8:00 am Secretary of State

DOCUMENT # H49135  1. Entity Name LASERGATE SYSTEMS, INC.						09-08-2004 90121 028 ***550.00					
Principal Plac	e of Business	L									
555 ANTON 11TH FLOOR COSTA MESA	BLVD :	Mailing Address 555 ANTON BLVD 11TH FLOOR COSTA MESA, CA 9262									
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				09012004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State				4. FEI Number 59-25432	206		<u> </u>	plied For at Applicable	
Zip	Country	Zip	Countr			5. Certificate of	Status Desired	□ \$ F	8.75 Add se Require	litional d	
	Registered Agent				7. Name and A	ddress of New R	egistered Aq	ent			
				Name							
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
				City	City Zip Code						
<u></u>					FL FL				21p 000		
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 title If applicable. (NOTE Registered Agent signature required when reinstailing)  DATE											
FILE NOW!!! FEE IS \$550.00  9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004  9. Election Campaign Financing \$45.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	EVCF	Delete	TITLE		EV		1744020 10 0111		Change	Addition	
NAME	C District		NAM		E V	•		•	2000		
STREET ADDRESS	555 ANTON BLVD., 12TH FLOOF	2	STREET				•			1	
CITY-ST-ZIP	COSTA MESA, CA 92626		CITY	-ST-ZiP						ĺ	
TITLE	EVP	₩ Delete	TITLE						Change	Addition	
NAME	CODIGN, DAVID J	, .	NAM								
STREET ADDRESS	555 ANTON BLVD., 11TH FLOOR	<b>!</b> !		TREET ADDRESS							
CITY-ST-ZIP	COSTA MESA, CA 92626		СПУ	CITY-ST-ZIP							
TITLE	EVP <sub>j</sub> Delete		TITLE	TITLE				ĺ	Change	Addition	
NAME	THOMAS, CARL A		II.	NAME							
STREET ADDRESS CITY+ST-ZIP	In the second se			ET ADDRESS - St-ZIP							
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STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			et address -st-zip	555	ost Crous 5 Anson Blud 11th Flor Stu Mesa, Ca 92626					
		internit a description						further*			
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											

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.

Brian D. SHL. 92.04 7/4327,54%

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of 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