

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J19064

FILED
Apr 19, 2004
Secretary of State

Entity Name: ATLANTIC MARKETING REALTY, INC.

Current Principal Place of Business:

8669 COMMODITY CIRCLE
STE 300
ORLANDO, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

8669 COMMODITY CIRCLE
STE 300
ORLANDO, FL 33309 US

New Mailing Address:

FEI Number: 59-2684385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BERK, JAMES G
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: PCEO () Delete
Name: HANNING, FRANZ
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VPSD () Delete
Name: DUMENY, MARCEL J
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: HOWETH, ROBERT W
Address: 8669 COMMODITY CR
City-St-Zip: ORLANDO, FL 32819

Title: AS () Delete
Name: BENNETT, WILLIAM J
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 33309

Title: AS () Delete
Name: WALTON, ANNA
Address: 8669 COMMODITY CR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BOCK, ERIC
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: FELDMAN, LYNN
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: VPD (X) Change () Addition
Name: HUBER, JOSEPH
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: AS (X) Change () Addition
Name: COSTELLO, MARK
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: AS (X) Change () Addition
Name: MORRISON, ANN
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

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: JOSEPH HUBER

VP

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date