

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33034

FILED
Apr 28, 2004
Secretary of State

Entity Name: LATE NIGHT LIBRARY INC.

Current Principal Place of Business:

809 GAY ST
TALLAHASSEE, FL 323205 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10829
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-2738925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALIE, DOUGLAS R
7008 MCBRIDE POINTE
TALLAHASSEE, FL 32312

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: P () Delete
Name: SALIE, DOUGLAS R.,
Address: 809 GAY ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP () Delete
Name: WELLS, LOREI
Address: 7008 MCBRIDE PT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SALIE, ROBERT,
Address: 3604 CASEY KEY RD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: WELLS, BRUCE,
Address: 1683 SW 32ND TERR.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: SALIE, DAVID,
Address: 1318 T STREET NW
City-St-Zip: WASHINGTON, DC 20009

Title: D () Delete
Name: SALIE, FAITH,
Address: 1047 LINCOLN BLVD, STE 5
City-St-Zip: LOS ANGELES, CA 90403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DOUGLAS R. SALIE

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date