2004 FOR PROFIT CORPORATION

Feb 10, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # J51026 1. Entity Name MULLNER DISCOUNT ELECTRONICS CORP. Principal Place of Business Mailing Address 5225 EDGEWOOD COURT JACKSONVILLE, FL 32254 5225 EDGEWOOD COURT JACKSONVILLE, FL 32254 US 01262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2778600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULLNER, JOHN H., III DO NOT WRITE 5225 EDGEWOOD CT JACKSONVILLE, FL 32254 IN THIS SPACE 8. The above named ontity 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 ed at anated of 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. D TITLE MULLNER III, JOHN H. NAME 11000000044821 02/11/04-80036-023 150.00 STREET ADDRESS 5225 EDGEWOOD CT JACKSONVILLE, FL 32254 CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZW BITTE IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP BILE NAME STREET ADDRESS C81Y - S1 - Z8P

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i). Florida Statutés, 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 cath, that I am an officer or director of the corporation or the regeiver or frustee 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 attachastent with an address, with all other than properties of the corporation of the corpo

SIGNATURE:

TITLE MASSE STREET ADDRESS CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED