2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Secrétary of State DOCUMENT # K15607 07-23-2004 90004 032 ***150.00 1. Entity Name INTERNATIONAL MAGAZINE SERVICE OF THE SOUTHEAST, INC. Principal Place of Business Mailing Address ひまひひまひょく 7305 W. SAMPLE RD. P.O. BOX 9799 CORAL SPRINGS, FL 33375 206 US CORAL SPRINGS, FL 33065 3. Mailing Address 2. Principal Place of Business 1305 N.E. 23RD. AVENUE #4 AVENUE #4 1305 N.E. 23RD. Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For POMPANO BEACH, FL. 33062 POMPANO BEACH, FL. 33062 65-0036851 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6.-Name and Address of Current Registered Agent-= -7.-Name and Address of New Registered Agent KAHN, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 1305 N.E. 23RD. AVENUE #4 7305 W. SAMPLE RD. #206 CORAL SPRINGS, FL 33065 POMPANO BEACH, FL. 33062 Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete XI Change TITLE TITLE KAHN FAMILY LIMITED PARTNERSHIP NAME NAME 1475 W CYPRESS CREEK RD. STE 204 STREET ADDRESS 2950 W. CYPRESS CREEK RD. #102 -STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE, FL. ☐ Change ☐ Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change_ TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an addr

FILED Jul 23, 2004 8:00 am

54064619





Tax and Financial Accountants

FK15607

STEPHEN M. Golding Co., Ltd.

DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

I WISH TO APOLOGIZE FOR THE DELAY, BUT I DID NOT RECEIVE THE ORIGINAL NOTICE FROM THE DEPARTMENT OF STATE FOR MY ANNUAL REPORT.

INCLUDED WITH THE SIGNED REPORT IS MY CHECK IN THE AMOUNT OF \$150.00, AS PER THE AGREEMENT WITH YOUR OFFICE.

SINCERELY

ROBERT KAHN