

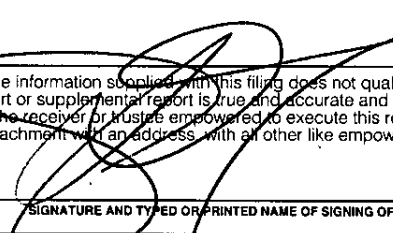


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90517 020 ***150.00

DOCUMENT # K61558 1. Entity Name SMG MANAGEMENT COMPANY					
Principal Place of Business 1475 W CYPRESS CREEK RD SUITE 204 FT LAUDERDALE, FL 33309 US			Mailing Address 1475 W CYPRESS CREEK RD SUITE 204 FT LAUDERDALE, FL 33309 US		
2. Principal Place of Business 1000 N.W. 65TH. ST. Suite, Apt. #, etc. SUITE 200		3. Mailing Address 1000 N.W. 65TH. ST. Suite, Apt. #, etc. SUITE 200			
City & State FT. LAUDERDALE, FL. 33309		City & State FT. LAUDERDALE, FL. 33309		4. FEI Number 65-0133970	
Zip 33309		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIRER, MARTIN 1475 W CYPRESS CREEK ROAD SUITE 204 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 N.W. 65TH. ST. SUITE 200 FT. LAUDERDALE, FL. 33309 City FL 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 obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOLDING, STEPHEN M. 1101B HIGHLAND BCH DRIVE HIGHLAND BCH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GOLDING, DEENA G. 1101B HIGHLAND BCH, DRIVE HIGHLAND BCH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: 			4/20/2004 954-772-7878		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEPHEN M. GOLDING			Date Daytime Phone #		