2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 14, 2004 8:00 am Secretary of State DOCUMENT # L02000028976 05-14-2004 90447 041 ****50.00 1. Entity Name IMPULSE VENTURES, LLC Principal Place of Business Mailing Address 2013 84TH STREET CIRCLE NW 2013 84TH STREET CIRCLE NW BRADENTON FL 34209 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable \$5.00 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDMAN, MARC H 3908-26TH-STREET-WEST-Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** City 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, typed or printed name of registered agent and title if applicable (NOTÉ: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. NILE MGR: ☐ Defete ☐ Change ■ Addition NAME NAME FLATHMAN, JAMES'H STREET ADDRESS 2013 84TH STREET NW STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON FL 34209 Change · Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP Delete Change ■ Addition NAME? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED

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