

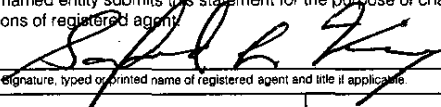
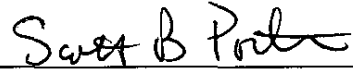


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2004 90043 035 ****50.00

DOCUMENT # L03000001334 1. Entity Name CANADIAN SCRIPTS, LLC					
Principal Place of Business C/O JOSEPH D. SYDNOR, CPA 1005 KANE CONCOURSE, SUITE 203 BAY HARBOR ISLANDS, FL 33154			Mailing Address C/O JOSEPH D. SYDNOR, CPA 1005 KANE CONCOURSE, SUITE 203 BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business 9595 COLLINS AVE. Suite, Apt. #, etc. 509		3. Mailing Address 2320 HOLLYWOOD BLVD. Suite, Apt. #, etc.			
City & State SURFSIDE FL.		City & State HOLLYWOOD FL.		4. FEI Number 45-0496091	
Zip 33154		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SANFORD L. KINL Street Address (P.O. Box Number is Not Acceptable) 2320 HOLLYWOOD BLVD City HOLLYWOOD FL Zip Code 33020			
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  DATE 4/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME <input type="checkbox"/> Delete MANAGING MEMBER SCOTT B. PORTMAN 9595 COLLINS AVE. #509 SURFSIDE, FL. 33154			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  SCOTT B. PORTMAN 3/30/2007 305-868-6011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					