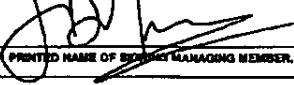


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

504247902337

9/1/2004-90089-008-\$50.00-\$50.00

DOCUMENT # L03000054362			
<p>1. Entity Name GLOBALBRANDER.COM TM, LLC</p>			
<p>Principal Place of Business 2401 BAY DRIVE POMPANO BEACH, FL 33062-2916</p>		<p>Mailing Address 2401 BAY DRIVE POMPANO BEACH, FL 33062-2916</p>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<p>AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131</p>		<p>Name John Murray Street Address (P.O. Box Number is Not Acceptable) 2401 Bay Drive City Pompano Beach FL 33062-2916</p>	
<p>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.</p>			
SIGNATURE		<p>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when renaming)</p>	
<p>Filing Fee is \$50.00 Due by September 8, 2004</p>		<p>Make check payable to Florida Department of State</p>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Murray <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>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.</p>			
SIGNATURE: 		<p>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</p> <p>8/30/04</p>	

Date

Daytime Phone #