2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # L03065 1. Entity Name 02-11-2004 90008 011 ***150.00 AMERICAN IMPACT RADIO AND VIDEO CORPORATION Principal Place of Business Mailing Address 11034 VIA SAN REMO 11034 VIA SAN REMO BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0132765 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZENSKY, GERALD 19373 CHERRY HILLS TERRACE BOCA RATON FL 33498 Street Address (P.O. Box Number is Not Acceptable) 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 e if Inplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BLUM, EVELYN NAME NAME 20515 E. COUNTRY CLUB DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL CITY-ST-ZIP ☐ Addition STD Delete TITLE TITLE ZENSKY, GERALD NAME NAME 19373 CHERRY HILLS TERR. STREET ADDRESS 11-34 VIA SAN REMO STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP BEACH. ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

FILED