2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Aug 05, 2004 8:00 am Secretary of State DOCUMENT # L20039 08-05-2004 90004 046 ***550.00 1. Entity Name JUPITER SPEEDI SIGN, INC. Principal Place of Business Mailing Address 24066322 2581 JUPITER PARK DR 2581 JUPITER PARK DR JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 65-0153402 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAINE, JEFFREY A. Street Address (P.O. Box Number is Not Acceptable) 1800 SOUTH AUSTRALIAN AVENUE SUITE 204 WEST PALM BEACH FL 33409 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition TITLE WEISS, GERARD M. NAME NAME STREET ADDRESS 158 HARBORSIDE CIRCLE STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change WEISS, JEFFREY A. NAME STREET ADDRESS 158 HARBORSIDE CIRCLE STREET ADDRESS JUPITER FL CITY-ST-7IP CITY-ST-7IP Delete ☐ Change Addition TITLE T/TI F WEISS, CHARLOTTE NAME NAME STREET ADDRESS 158 HARBORSIDE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE JUPITER FL* ☐ Delete ☐ Change ☐ Addition 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 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED