2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L25396

1. Entity Name
UPDATERS, INC.

Principal Place of Business	Mailing Address
%CHARLOTTE SIMON 2451 BRICKELL AVE., STE. 10-G MIAMI, FL 33129	%CHARLOTTE SIMON 2451 BRICKELL AVE., STE. 10-G MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0176548

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, CHARLOTTE
2451 BRICKELL AVENUE
SUITE 10-G
MIAMI, FL 33129

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000111803
04/13/04-80035-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIMON, CHARLOTTE B.
STREET ADDRESS	2451 BRICKELL AVE., 10-G
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	SIMON, ANDREW G
STREET ADDRESS	12615 MOORE'S MILL ROAD
CITY-ST-ZIP	HUNTERSVILLE, NC 28078
TITLE	VP
NAME	EASTHAM, KATHI S
STREET ADDRESS	9300 SW 104TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Charlotte B Simon Pres April 9, 2004 305 856 4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #