2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 08:00 AM DOCUMENT # L78113 **Secretary of State** 1. Entity Name NATIONWIDE SURVEYS, INC. Principal Place of Business Mailing Address % DEAN J. MAITLEN 5500 S.W. 87TH ST. MIAMI FL 33143 % DEAN J. MAITLEN 5500 S.W. 87TH ST. MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Sude, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0198607 Not Applicable Zio Country Country \$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 MAITLEN, DEAN J. 5500 S.W. 87TH ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Defete ☐ Change Addition U000000042176 NAME MAITLEN, DEAN J. NAME 02/10/04-80013-005 158.75 STREET ADDRESS 5500 S.W. 87TH ST. STREET ADDRESS CITY-ST-782 MIAMI FL CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME MAITLEN, BETTY NAME 5500 S.W. 87TH ST. STREET ADDRESS STREET ADDRESS City - St- ZIP MIAMI FL Carr-St-Zip TITLE Defete HILE Change ☐ Addition ALA.A.F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 73Ts F ☐ Defele TOTALE Change Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CiTY-S1-78 CITY-ST-7IP TITLE THEE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MANIF NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

FILED

2-2-04 305-661-3744