2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004
Secretary of State

DOCUMENT# M16382

Entity Name: THE FORTRESS - MIAMI CORPORATION

Current Principal Place of Business:

ONE DESIGN CENTER PLACE
SUITE 715
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

ONE DESIGN CENTER PLACE
SUITE 715
BOSTON, MA 02210

New Mailing Address:

FEI Number: 59-2546247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, KIM
1630 N.E. 1ST AVENUE
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THORNE, SIGRID P
Address: ONE DESIGN CENTER PLACE #715
City-St-Zip: BOSTON, MA 02210

Title: VD ( ) Delete
Name: LEVIS-THORNE, LADD M
Address: ONE DESIGN CENTER PLACE #715
City-St-Zip: BOSTON, MA 02210

Title: D ( ) Delete
Name: WYNNE, FREDERICK
Address: ONE DESIGN CENTER PL #715
City-St-Zip: BOSTON, MA 02210

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WYNNE, FREDERICK
Address: ONE DESIGN CENTER PLACE #715
City-St-Zip: BOSTON, MA 02210

Title: D ( ) Change (X) Addition
Name: SHOOLMAN, ALAN
Address: ONE DESIGN CENTER PLACE #715
City-St-Zip: BOSTON, MA 02210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGRID P THORNE MS 03/05/2004

Electronic Signature of Signing Officer or Director — Date