



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90015 018 ***150.00

DOCUMENT # M91514 1. Entity Name BROADLINE INC.						
Principal Place of Business P O BOX 562915 MIAMI, FL 33256			Mailing Address P O BOX 562915 MIAMI, FL 33256			
2. Principal Place of Business Suite, Apt. #, etc. P.O. BOX 6223 City & State LAKE LAND, FL Zip 33807		3. Mailing Address Suite, Apt. #, etc. P.O. BOX 6223 City & State LAKE LAND, FL Zip 33807				
Country US		Country US		02012004 Chg-P CR2E034 (10/03)		
4. FEI Number 65-0115166				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FARRELL, MARGIE 20601 DOTHAN ROAD MIAMI, FL 33189			7. Name and Address of New Registered Agent Name: FARRELL MARGIE Street Address (P.O. Box Number is Not Acceptable) 1431 NEW JERSEY RD City: LAKE LAND FL Zip Code: 33803			
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: <u>Margie Farrell</u> DATE: <u>2/13/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FARRELL, MARGIE 20601 DOTHAN ROAD MIAMI, FL 33189		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1431 NEW JERSEY RD LAKE LAND FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCELFO, JAMES 1431 NEW JERSEY ROAD LAKE LAND, FL 33803		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DILLON, RICHARD 5079 WOODSTONE CIRCLE NORTH LAKE WORTH, FL 33463		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Margie Farrell</u> MARGIE FARRELL <u>2/13/04</u> <u>305-213-1548</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						