

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90036 042 ****70.00

DOCUMENT # N03000001090 1. Entity Name AMERICA AT HOME, INC.					
Principal Place of Business 500 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441			Mailing Address 500 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441		
2. Principal Place of Business Suite, Apt. #, etc. Suite 108 City & State		3. Mailing Address Suite, Apt. #, etc. Suite 108 City & State			
Zip 		Country		03012004 Chg-NP CR2E037 (10/03)	
4. FEI Number 57-1149938				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCUS, STEPHEN 500 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, STEPHEN 500 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISBIN, JUDI 500 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D June Layfield 500 Fairway Drive Deerfield Beach, FL 33441 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNOTO, RENE O 500 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will all other like empowered.					
SIGNATURE: <u>Stephen D. Marcus</u> Stephen D. Marcus					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>3/4/04</u> Daytime Phone # <u>954-420-0402</u>					