2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

DOCUMENT # N06129 1. Entity Name LIBRARY SQUARE ASSOCIATION, INC.			Secretary of State 02-02-2004 90041 030 ****61.25
Principal Place of Business 1096 SUNSET STRIP SUNRISE, FL 33313	Mailing Address 1096 SUNSET STRIP SUNRISE, FL 33313		
Principal Place of Business 6780 Sunset Strip Suite, Apt. #, etc.	3. Mailing Address 6780 Sunset Suite, Apt. #, etc.	Strip	01222004 Chg-NP CR2E037 (10/03)
City & State Sunrise. FL Zip Country		Country	4. FEI Number Applied For S9-2619343 Applied For Not Applicable 5. Certificate of Status Desired Fee Required Fee Required
33313 USA 6. Name and Address of Curre	1 Registered Agent	SA	7. Name and Address of New Registered Agent
GRIFFITH, W. R. 1096 SUNSET STRIP SUNRISE, FL 33313			MAKOULTAN P.O. Box Number is Not Acceptable)
		6780 City Sunr	Sunset Strip ise FL 33313
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 Signature, typeolog pixed name of registering and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaiç Trust Fund Contri	ibution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10. OFFICERS AND I TITLE PD NAME GLEASON, THOMAS STREET ADDRESS 6666 SUNSET STRIP CITY-ST-ZIP SUNRISE, FL	☐ Defete	NAME BOD STREET ADDRESS 666	enstein, Ben O Sunset Strip
TITLE STD NAME GRIFFITH, W.R. STREET ADDRESS 1096 SUNSET STRIP CITY-ST-ZIP SUNRISE, FL	XX Delete	TITLE D NAME STREET ADDRESS COTY-ST-ZIP 5 Tay 677	change Change XX lor, Donovan Sunset Strip
TITLE VPD NAME GLEASON, THOMAS STREET ADDRESS 6660 SUNSET STRIP 1 CITY-ST-ZIP SUNRISE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	rise, FL 33313 ☐ Change ☐ Addition
NAME D MAKOULIAN, HAIG STREET ADDRESS 6780 SUNSET STRIP CITY-ST-ZIP FORT LAUDERDALE, FL 333		CITY_ST_7IP 678	oulian, Haig O Sunset Strip rise, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE (NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME		TITLE	☐ 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, with all other like empowered.

SIGNATURE Supering Haig Makoulian Supering Date Destine Provided NAME OF SKINING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE PRO