20	04 NOT-FOR-PRO ANNUAL	DFIT CORPOR REPORT	ATION	FILED Apr 30, 2004 8:00 ar Secretary of State
1. Entity Name	DENT # N37147			04-30-2004 90247 050 ****70.00
Principal Place of Business % DIANE CONSTANTINO 1301 34TH STREET NORTH ST. PETERSBURG, FL 33713 US		Mailing Address % DIANE CONSTANTINO 1301 34TH STREET NORTH ST. PETERSBURG, FL 33713 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·	01272004 Chg-NP CR2E037 (10/03)
City & State		City & State	<u>. </u>	4. FEI Number 59-3005713 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
CONSTANTINO, DIANE E. 1301-34TH STREET NORTH ST. PETERSBURG, FL 33713				P.O. Box Number is Not Acceptable)
			City	FL Zip Code
I SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	· · ·	when reinstating) DATE \$5.00 May Be Added to Fees Fiorida Department of State
	OFFICERS AND DIF	RECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TLE AME TREET ADDRESS TY-ST-ZIP	STD CONSTANTINO, DIANE 1301 34TH ST. N ST. PETERSBURG, FL	Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	Change Addition
TLE AME IREET ADDRESS ITY - ST - ZIP	D TUNING, LUCAS 201 WEST CAMPBELL AVE. ROANOKE, VA 24010	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
tle= Ame Reet address TY-ST-ZIP	D COLE, FRANCES P.O. BOX 22000 RENO, NV 89520	~ ~ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
rle Me Reet address Ty-st-zip	D KNIGHT, BILL 8460 TIMES DISPATCH BLVD RICHMOND, VA 23111	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change CAddition
tle Ame Treet address Ity-st-zip	D RIORDON, MIKE PO BOX 70 LAS VEGAS; NA 89125	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TLE Ame Treet adoress Ity - St - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated of the corp	on this report or supplemental report is poration or the receiver or trustee empty or on an attachment with an address, the URE: Diane C. Com	true and accurate and that my wered to execute this report as with all other like empowered.	signature shall have the required by Chapter 617	Action 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if , Florida Statutes; and that my name appears in Block 10 or Block 11 if , Florida Statutes; and that my name appears in Block 10 or Block 11 if , Florida Statutes; and that my name appears in Block 10 or Block 11 if , Date Daytime Prove 4