2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39897

FILED Apr 07, 2004 Secretary of State

Entity Name: AMERICAN VETERAN NEWSPAPER, INC.

Current Principal Place of Business: New Principal Place of Business: 7329 COLLINS AVE. 7510 N.W. 15TH AVENUE. MIAMI BEACH, FL 33141 MIAMI, FL 33147 US LIS **Current Mailing Address: New Mailing Address:** 7329 COLLINS AVE 930 N.W. 84TH TERRACE MIAMI BEACH, FL 33141 US MIAMI, FL 33150 US FEI Number: 65-0238022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TYSON, LAURA 930 N.W. 84TH TERRACE MIAMI, FL 33150 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SMITH, STEPHEN P SMITH, STEPHEN P Name: Name: 7435 BYRON AVENUE, #7 Address: 6630 INDIAN CREEK DRIVE, # 220 Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 Title: Title: () Delete () Change () Addition BURMESTER, RUSTY Name: Name: Address: 1065 W. LOMITA BLVD., #32 Address: City-St-Zip: HARBOR CITY, CA 90745 City-St-Zip: Title: STD () Delete Title: () Change () Addition TYSON, LAURA Name: Name: 930 N.W. 84TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HAMMEL, TOM Name: Address: 1447 TYLER AVENUE Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition SNIFFEN, ROBERT Name: Name: 2041 E GRAND AVE, SUITE A-20 Address: Address: City-St-Zip: ESCONDIDO, CA 92027 City-St-Zip: Title: () Delete Title: () Change () Addition RASH, PATRICIA K Name: Name: Address: 2995 1ST STREET Address: AUBURN, CA 95603 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. SMITH PD 04/07/2004