2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005453

Entity Name: THE BELRAY ANNEX CLUB, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O MOBILE ARTS, INC. 232 5TH STREET MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

C/O MOBILE ARTS, INC. 232 5TH STREET MIAMI BEACH, FL 33139

FEI Number: 65-0624055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LARDI, LISA E LARDI, PAUL C 800 W AVE #746 801 NORTH VENETIAN DRIVE MIAMI BCH, FL 33139 US 906 MIAMI BCH, FL 33139 US

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: PAUL C LARDI

01/06/2004 Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete (X) Change () Addition Name:

LARDI, PAUL E LARDI, PAUL C Name: Address: 801 N. VENETIAN WAY #906 Address: 801 N. VENETIAN WAY #906 City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: MIAMI BCH, FL 33139

Title: SD Title: () Delete () Change () Addition

Name: LARDI, LISA E Name: Address: 800 W AVE #746 Address: City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

PACE, THOMAS H Name: PACE, THOMAS H Name: 400 SOUTH POINTE DRIVE #1501 43 HOWARD PLACE Address: Address: City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: BROOKLYN, NY 11215

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: PAUL C. LARDI PD 01/06/2004