
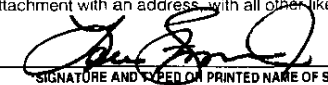


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90061 009 ***150.00

DOCUMENT # P00000022497 1. Entity Name BIG AL DOWNING PUBLISHING CO.					
Principal Place of Business 2199 PONCE DE LEON BLVD 301 MIAMI, FL 33134			Mailing Address 2199 PONCE DE LEON BLVD 301 MIAMI, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1088842	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STEWART AGENT SERVICES 2199 PONCE DE LEON BLVD STE 301 MIAMI, FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNING, ALEXANDER <input type="checkbox"/> Delete 65 WATSON STREET LEICESTER, MA 01524		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMMONS, RICHARD E <input type="checkbox"/> Delete 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTERS, JOSEPH <input type="checkbox"/> Delete 649 SW WHITMORE DRIVE PORT SAINT LUCIE, FL 34984		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Butera, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 649 SW Whitmore Drive Port Saint Lucie, FL 34984	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STINSON, LOUIS JR <input type="checkbox"/> Delete 2199 PONCE DE LEON BLVD #301 MIAMI, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNING, BEVERLY A <input type="checkbox"/> Delete 65 WATSON STREET LEICESTER, MA 01524		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, CAROLYN R <input type="checkbox"/> Delete 333 WEST CAMINO GRDNS BLVD #201 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:  Louis Stinson, Jr. Sec. 03/23/04 305-663-1372 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94037992



03242004 Chg-P CR2E034 (10/03)