


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90519 032 \*\*\*150.00

|   |  |         |   |   |  |
|---|--|---------|---|---|--|
| <b>DOCUMENT # P00000037786</b><br>1. Entity Name<br><b>SRA/PARADYNE, INC.</b>   |  |         |   |                                  |  |
| Principal Place of Business<br><b>5345 PINE TREE DRIVE<br/>MIAMI BEACH FL 33140</b>   |  |         | Mailing Address<br><b>5345 PINE TREE DRIVE<br/>MIAMI BEACH FL 33140</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                               |   |  |
| City & State  |  |         | City & State  |   |  |
| Zip   |  | Country |   | Zip   |  |
| Country   |  | Country |   | 4. FEI Number<br><b>65-0998167</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CLIFFORD, STEIN M<br/>5345 PINE TREE DR.<br/>MIAMI FL 33140</b>   |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |         |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |         |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> </div> </div> |  |         |   |   |  |
| <div style="display: flex;"> <div style="width: 50%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>  |  |         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          |   |  |
| D<br><b>STEIN, CLIFFORD M</b><br><b>5345 PINE TREE DRIVE</b><br><b>MIAMI BEACH FL 33140</b>   |  |         | Change Addition   |   |  |
| D<br><b>FRANK, STEPHEN</b><br><b>2601 S. BAYSHORE DR., SUITE 1129</b><br><b>MIAMI FL 33133</b>  |  |         | Change Addition   |   |  |
| D<br><b>CARY, ELTON</b><br><b>4000 TOWERSIDE TERR., UNIT 501</b><br><b>MIAMI FL 33138</b>   |  |         | Change Addition   |   |  |
| V<br><b>GOLDEN, JOANNA</b><br><b>5345 PINE TREE DR.</b><br><b>MIAMI FL 33140</b>  |  |         | Change Addition   |   |  |
| Delete  |  |         | Change Addition   |   |  |
| Delete  |  |         | Change Addition   |   |  |



MOORE CR2E034 (11/03)

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

Daytime Phone #