


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90198 005 \*\*\*150.00

<b>DOCUMENT # P00000043463</b> 1. Entity Name <b>CHRISTIE &amp; COMPANY, INC.</b>					
Principal Place of Business <b>65 NE 2ND AVE #610 SUITE 610 DELRAY BEACH, FL 33444</b>			Mailing Address <b>65 NE 2ND AVE #610 SUITE 610 DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business <b>1501 Corporate Drive</b>			3. Mailing Address <b>1501 Corporate Drive</b>		
Suite, Apt. #, etc. <b>Suite 240</b>			Suite, Apt. #, etc. <b>Suite 240</b>		
City & State <b>Boynton Beach FL</b>			City & State <b>Boynton Beach FL</b>		
Zip <b>33426</b>		Country <b>Palm Beach</b>		Zip <b>33426</b>	
Country <b>Palm Beach</b>		4. FEI Number <b>65-1004765</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ALTICE, M C 65 NE 2ND AVE #610 SUITE 610 DELRAY BEACH, FL 33444</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1501 Corporate Drive</b> <b>Suite 240</b> City <b>Boynton Beach FL</b> Zip Code <b>33426</b>		
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 <u>M C Altice</u> <u>M.C. Altice Pres.</u> <u>Margaret C. Altice</u> <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTICE, M C <input type="checkbox"/> Delete 65 NE 2ND AVE #610 DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1501 Corporate Drive, Suite 240 Boynton Beach, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u>M C Altice</u> <u>M.C. Altice Pres.</u> <u>Margaret C. Altice</u> <u>561-736-8806</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					