## 2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dean Hiller In The SIGNING OFFICER OR DIRECTOR

## FILED Feb 04, 2004 8:00 am **ANNUAL REPORT (AR)** Secretary of State DOCUMENT # P00000056099 02-04-2004 90076 039 \*\*\*150 00 1. Entity Name SCISSORS & SONGS INC. Principal Place of Business Mailing Address 314 ROYAL POINCIANA WAY 314 ROYAL POINCIANA WAY PALM BEACH FL 33480 PALM BEACH FL 33480 24007962 2. Principal Place of Business 3. Mailing Address 340 Royal Poinciaus Way Suite, Apt. #, etc. 340 ROYAL POLICIANA WAY Suite, Apt. #, etc. CR2E034 (11/03) 310 SUITE SULTE 4. FEI Number Applied For City & State City & State 65-1010862 PLORIDA PHIM BEACH PALM BEACH Not Applicable FLORIDA Country \$8.75 Additional 33480 5. Certificate of Status Desired 3348<u>0</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, JEAN Street Address (P.O. Box Number is Not Acceptable) 607 JOG ROAD MILLER, JEAN 607 JOG ROAD PALM BEACH GARDENS FL 33415 JEST PALM BEACH Zip Code 334/5 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 JEAN HILLER PRESIDENT FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete Addition TITLE ☐ Change MILLER, JEAN NAME NAME STREET ADDRESS 607 JOG ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MILLER, DENNIS NAME NAME STREET ADDRESS 607 JOG ROAD STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-7IP CITY-ST-7IP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71F TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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