2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 05, 2005 08:00 AM Secretary of State **DOCUMENT # P00000079285** 1. Entity Name BRANDSPLACE.COM, INC. Mailing Address Principal Place of Business 5740 HOLLYWOOD BLVD, SUITE 700 5740 HOLLYWOOD BLVD, SUITE 700 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 06292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1036184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HORWITZ, BURTON 5050 SW 70TH AVE **DAVIE, FL 33314** IN THIS SPACE 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 registere SIGNATURE me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. UUNNOU370840 07705705-80034-001 SS0.00 TITLE D HORWITZ, BURTON NAME 5050 SW 70TH AVE STREET ADDRESS CRY-ST-ZIP **DAVIE, FL 33314** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 path; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytîme Phone #

FILED