


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90009 047 ***150.00

DOCUMENT # P01000036964 1. Entity Name LIZWOERKS SALES US, INC.	
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Principal Place of Business JB EXECUTIVE CENTER 314 S MISSOURI AVE STE 308B CLEARWATER, FL 33756 33756	Mailing Address JB EXECUTIVE CENTER 314 S MISSOURI AVE STE 308B CLEARWATER, FL 33756 33756
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54054004



05022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0629021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHAW, ELIZABETH
JB EXECUTIVE CENTER 314 S MISSOURI AVE
STE 308B
CLEARWATER, FL ~~33756~~ 33756

**DO NOT WRITE
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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SHAW, ELIZABETH JB EXC CENTER 314 S MISSOURI AVE STE 308B CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PETERS, HUGH JB EXC CENTER 314 S MISSOURI AVE STE 308B CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Elizabeth Shaw Elizabeth Shaw May 11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(786) 452-1891