


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000047991</b>	
1. Entity Name <b>SCIENCE IN MOTION, INC.</b>	

Principal Place of Business <b>3091 NORTHWEST 112TH AVENUE CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3091 NORTHWEST 112TH AVENUE CORAL SPRINGS, FL 33065</b>
---	---



01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1110848</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KORTHALS, JOHN L ESQ. 1401 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060</b>
--

**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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	D BARBA, NANCY 12117 NORTHWEST 15TH COURT CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEYDET, NATHALIE 3091 NORTHWEST 112TH AVENUE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTING, ROSE-MARIE 2801 NORTHWEST 106TH DRIVE CORAL SPRINGS, FL 33065
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**

000000011085  
01/23/04-80024-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nathalie Heydet **NATHALIE HEYDET** 1/19/04 954-913-1109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #