2004 FOR PROFIT CORPORATION FILED ANNUAL REPORT Jan 12, 2004 08:00 AM DOCUMENT # P01000050336 **Secretary of State** TIME SOURCE INTERNATIONAL, INC. Principal Place of Business Mailing Address 1041 WEST COMMERCIAL BLVD. 1041 WEST COMMERCIAL BLVD. SUITE 202 SUITE 202 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 01082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1106024 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WONG, BASSANIO DO NOT WRITE 1041 WEST COMMERCIAL BLVD. **SUITE 202** IN THIS SPACE FORT LAUDERDALE, FL 33309 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. DVOTE. Registered Agent signature require				raquirad when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				<u> </u>	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P WONG, BASSANIO 1041 WEST COMMERCIAL BLVD., SU FORT LAUDERDALE, FL 33309	JITE 202			000000002267 01/13/04-80004-021 150.00	
TITLE NAME STREET ADORESS CITY-ST-ZIP					617 157 04 -05404 -051 150 ° 08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
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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 apport 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 distered 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DRECTOR

Applied For

Not Applicable