2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P01000051387

Entity Name: LANCASTER ACTING COMPANY INC.

Current Principal Place of Business:

2001 ATLANTIC SHORES BLVD.
#106
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

1672 NW 144 WAY
PEMBROKE PINES, FL 33028

Current Mailing Address:

2001 ATLANTIC SHORES BLVD.
#106
HALLANDALE BEACH, FL 33009

New Mailing Address:

1672 NW 144 WAY
PEMBROKE PINES, FL 33028

FEI Number: 01-0623853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, ALBERT J
2001 ATLANTIC SHORES BLVD.
#106
HALLANDALE BEACH, FL 33009

Name and Address of New Registered Agent:

LEON, ALBERT J
1672 NW 144 WAY
PEMBROKE PINES, FL 33028

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.

SIGNATURE: ALBERT LEON 04/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: KING, MELISSA L
Address: 1308 WASHINGTON ST.
City-St-Zip: HOLLYWOOD, FL 33019

Title: P ( ) Delete
Name: LEON, ALBERT J
Address: 2001 ATLANTIC SHORES BLVD. #106
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V (X) Delete
Name: SPEE, ERIC A
Address: 10501 W. BROWARD BLVD. #303
City-St-Zip: PLANTATION, FL 33324

Title: T (X) Delete
Name: HENNESSY, SARAH A
Address: 11700 SW. 20TH ST.
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: LEON, ALBERT J
Address: 1672 NW144 WAY
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT LEON P 04/29/2004
Electronic Signature of Signing Officer or Director — Date