

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101147

Entity Name: OCTOBER NIGHT CORP.

FILED
Feb 01, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 694854
MIAMI, FL 332694854

New Principal Place of Business:

P.O. BOX 693294
MIAMI, FL 332693294 US

Current Mailing Address:

P.O. BOX 694854
MIAMI, FL 332694854

New Mailing Address:

P.O. BOX 693294
MIAMI, FL 332693294 US

FEI Number: 65-1148815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREIDES, STUART
19401 NE 22 AVE
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREIDES, STUART
Address: P.O. BOX 694854
City-St-Zip: MIAMI, FL 332694854

Title: VP () Delete
Name: BROWN, CHARLES
Address: 19401 NE 22 AVE
City-St-Zip: MIAMI, FL 33180

Title: S () Delete
Name: KLESTINEC, RUTH
Address: 19401 NE 22 AVE
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FREIDES, STUART
Address: 19401 N.E. 22 AVE
City-St-Zip: MIAMI, FL 33180 US

Title: VP (X) Change () Addition
Name: BROWN, CHARLES
Address: 19401 NE 22 AVE
City-St-Zip: MIAMI, FL 33180 US

Title: S (X) Change () Addition
Name: KLESTINEC, RUTH
Address: 1555 71ST STREET
City-St-Zip: MIAMI, FL 33141 US

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: STUART FREIDES

PRES

02/01/2004

Electronic Signature of Signing Officer or Director

Date