ڪ٥٥٩ FOR PROFIT CORPORATION

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DOCUMENT # 1. Entity Name	¢ p010001213		SEL TALL CE STATE					
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-ROJECTOR CENTER	* CORPORATION				ļ			
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2. Principal Place of Business		3. Mailing Address			E	nstatenen	03-09	
3389 SHERIDAN ST. # 314 Suite, Apt. #, etc.		3389 SHERIDAN ST # 314 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For			
Zip :	DLLYWOOD, FL Zip : Country		HOLLYWOOD, FL Zip Country		01-0549597   Not Applicat			
33021	20 C 3 3 4000 MB 2 70	33021	on the latest			Certificate of Status Desired	Fee Required	
				7. Nan Name	ne a	nd Address of Current Regist	ered Agent	
	NOT V	RITE		SPIEGEL & U				
	N THIS SI			1840 SW 22 S		(P.O. Box Number is Not Acce	ptable)	
		ACE						
				Cíty		FL	Zip Code	
8. The above named	entity submits this	statement for the purpos	se of cl	MIAMI nanging its regi:	stere	d office or registered agent, or	both, in the	
State of Florida.	am familiar with, an	d accept the obligations	of regi	stered agent.	ĺ			
SIGNATURE	re typed or printed name	of registered agent and title if a	applicable	e (NOTE: Regist	tered .	Agent signature required when reinstatin	g) DATE	
January 1	May 1 Fee is \$150 ay 1, Fee is \$550.0	0.00		· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing	\$5.00 May Be	
Amen				] J.	Trust Fund Contribution.	Added to Fees		
Make Check Payable		Ment of State   AND DIRECTORS	11.		L			
TITLE NAME	PTD MARGALIT SABB		43770	TLE A CONTRACT	15:71 by 17:193			
STREET ADDRESS	3389 SHERIDAN			AME TREET ADDRES:	S:			
CITY-ST-ZIP	HOLLYWOOD, FL	33021		TY-ST-ZIP				
NAME	RITA SHEMONY		Ň	ME S		.0000398638 3704704-01020-004	adille je je	
STREET ADDRESS CITY-ST-ZIP	3389 SHERIDAN S (HOLLYWOOD, FL		CITY-ST-ZIP		S	3/04/04-501020-50U4-6*	*300.100.55	
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NAME			N	AME				
STREET ADDRESS CITY-ST-ZIP			19 14 LT 14	TREET ADDRES TY-ST-ZIP	S		這樣學家	
12. I hereby certify that			qualify fo	or the exemption :		d in Section 119.07(3)(i), Florida Si		
as if made under oa	th; that I am an officer	or director of the corporation	on or th	e receiver or trust	tee e	that my signature shall have the sa mpowered to execute this report as	required by	
Chapter 607, Florida	Statutes; and that m	y name appears in Block 10	0 or on a	an attachment wit	th an	address, with all other like empower	ered.	

## FOR PROFIT CORPORATION INFORM BUSINESS REPORT (UBR

UNIFC	RM BUSINE	SS REPORT (	UBR	<b>(</b> )					
DOCUMENT # 1. Entity Name		:							
PROJECTOR CENTER	R CORPORATION								
DO N	OT WRITE	IN THIS S	PΑ	CE					
2. Principal Place of Business 3389 SHERIDAN ST. # 314		3. Mailing Address 3389 SHERIDAN ST # 314							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL			<b>4</b> . I	Applied For Not Applicable			
Zip 33021	Country	Zip 33021	Country			Certificate of Status Desired	\$8.75 Additional Fee Required		
				7. Name and Address of Current Registered A			<del></del>		
				Name SPIEGEL & U	ITRERA PA				
多种。自然的概念,自然确定、政府,自己基本。	W TON O	F 37 38 2 38 T 32 3 10 10	Street Add			fress (P.O. Box Number is Not Acceptable)			
	N THIS SP	ACE		1840 SW 22 S	<u> </u>		<del></del>		
							Zip Code		
				City MIAMI		FL_	l		
		atement for the purpos accept the obligations			stere	d office or registered agent, or	both, in the		
SIGNATURE	re, typed or printed name of	f registered agent and title if a	policable	. (NOTE: Regist	tered A	gent signature required when reinstating	a) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS A	ND DIRECTORS	11.	and the special areas	25 1258 1	A COMPANY TO A CONTROL OF THE PARTY OF THE P	Standard Company Company Company		
TITLE NAME	PTD  MARGALIT SABBAC	3	2002	TLE *					
STREET ADDRESS	3389 SHERIDAN ST HOLLYWOOD, FL		STREET ADDRES						
TITLE NAME	S RITA SHEMONY		S Court	TLE					
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TITLE NAME			, ∏ N/	TLE					
STREET ADDRESS	:		1207 (4235)	REET ADDRES	S				
12. I hereby certify that t	he information supplied	with this filing does not q	ualify fo	or the exemption s	stated	in Section 119.07(3)(i), Florida St	atutes. I further		
certify that the inform	nation indicated on this	report or supplemental report director of the corneration	port is t	rue and accurate	and t	hat my signature shall have the sa npowered to execute this report as	me legal effect required by		
Chapter 607, Florida	Statutes; and that my r	name appears in Block 10	or on a	an attachment wit	th an	address, with all other like empowe	ered.		



## LESLIE E. DOLIN PA, CPA

5285 SW 38 AVE. FT. LAUDERDALE, FL 33312

Phone 954-965-4666 Fax 954-965-4665

July 19, 2004

Division Of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Projector Center Corporation #P0100021303

Dear Sir or Madam:

Please find enclosed the 2003 & 2004 Annual Report for the above corporation along with a check for \$300 payable to you for the annual filing fees.

On behalf of the above corporation I hereby request that you waive the reinstatement and late filing penalties due to the fact that the notification mailings for the 2003 & 2004 were never received by the corporation due to their moving their offices. You will note on the Annual Reports filed that the mailing address of the company changed. The company experienced major problems with the US Postal Service in getting mail forwarded to the new address.

The owners and myself appreciate your kindness and consideration in this matter.

Very truly yours,

LESLIE E. DOLIN. CPA