2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 17, 2004 08:00 AM Secretary of State DOCUMENT # P02000003220 GLOBAL ITALIAN COMMUNICATION, INC. Principal Place of Business Mailing Address 525 90TH ST, SUITE A 525 90TH ST, SUITE A SURFSIDE, FL 33154 SURFSIDE, FL 33154 07222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0573664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRICE, JAMES M III DO NOT WRITE 525 90TH ST STE A SURFSIDE, FL 33154 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-installing) 9. Election Campaign Financing \$5.00 May Se Added to Fees U00000170302 FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 08/17/04-80002-008 558.75 OFFICERS AND DIRECTORS 10, TITLE NAME TRICE, JAMES M 525 90TH ST, SUITE A STREET ADDRESS SURFSIDE, FL 33154 CITY-ST-ZIP BILE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP THLE IN THIS SPACE NAME STREET ADDRESS CTY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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. ames U I cica II - President

SIGNATURE:

STREET ADDRESS City-ST-ZIP

FILED