2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2004 8:00 am DOCUMENT # P02000004519 **Secretary of State** 1. Entity Name 02-17-2004 90039 015 ***150.00 TRADE MIX ENTERTAINMENT, INC. Principal Place of Business Mailing Address 7601 EAST TREASURE DR #1409 7601 EAST TREASURE DR #1409 NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address 7601 EAST THEASURE DIZ. +601 EAST THEASURE Suite, Apt. #, etc. CR2E034 (11/03) 2424 4. FEI Number / Applied For BAY UNLAGE, FL 03-0377150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTEL EDGARDO C Street Address (P.O. Box Number is Not Acceptable) 7601 EAST TREASURE DR #1409 NORTH BAY VILLAGE FL 33141 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change Addition Delete TITLE TITLE MAHEI, EDGARDO C MATTEI, EDGARDO C 7601 EAST TREASURE DR. # 2424 NAME NAME STREET ADDRESS STREET ADDRESS 7601 EAST TREASURE DR #1409 NOLLY BAY VILLAGE FL. 33141 NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP City-St-7iP Delete TITLE ☐ Addition **4**-change TITLE GERSCOUICH, DIANA S. GERSCOVICH, DIANA S NAME NAME 7601 FAST +1845URE DA. # 2424 7601 EAST TREASURE DR #1409 STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP CITY-ST-7IP DONTH BAY UTUAGE, FL- 33141 . Delete TITLE Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

SIGNATURE:

TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-/0-04 Date

FILED

305 866 2955, Daytime Phone #