2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000019998

HI-LINE MOBILE VIDEO & AUTO ACCESSORIES, INC.



Principal Place of Business

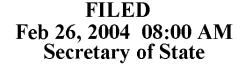
Mailing Address

4411 45TH STREET

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WEST PALM BEACH, FL 33407

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02232004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3601385

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RUMORE, C ANTHONY 540 E MCNAB RD, SUITE C

DO NOT WRITE

POMPANO BEACH, FL 33060			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 little	# applicable (NOTE Registered /	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing \square	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LESTER M 4810 NE 1ST TERR FT LAUDERDALE, FL 33334				U00000067690 02/27/04-80010-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, ROBERT E 2461 VILLAGE BLVD UNIT 403 WEST PALM BEACH, FL 33409				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	catify that the elements a unplied with this 5	Illing does not qualify for the con-	ontion state	d in Senting 110 07/0	(A) Harido Conuta a literia a caticular the international control of the control
12. I hereby certify that the information supplied with this filling 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 storage read legal effect as if made under certify that I am an officer or director.					

indicated on this report or supplemental report is trull and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR