## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 8:00 am Secretary of State

| DOCUMENT # P02000032129  1. Entity Name IBIS AVIATION, INC.  |  |                                     |                     |   |                         | 04-12-2004                           | 90246 041 ***15             | 0.00                      |
|--|--|-------------------------------------|---------------------|---|-------------------------|--------------------------------------|-----------------------------|---------------------------|
| Principal Place of Business 5300 N. FEDERAL HWY  |  | Mailing Address 5300 N. FEDERAL HWY |                     |   |                         | 540305                               | 10                          |                           |
| FORT LAUDERDALE, FL 33308 FORT LAUDERDALE  |  |                                     | LF 22208            |   |                         | 111 <b>0</b> 11111 11111 11111 11111 |                             |                           |
| 2. Principal Place of Business   |  | 3. Mailing Address                  |                     |   |                         |                                      |                             |                           |
| Suite, Apt. #. etc.  |  | Suite, Apt. #, etc.                 |                     |   | 04082004                | Chg-P                                | CR2E034 (10/03)             |                           |
| City & State   |  | City & State                        |                     |   | 4. FEI Number APPLIED   | FOR-5                                | DYTO 974 AP                 | plied For<br>LApplication |
| Zip  | Country  | Zip                                 | Country             |   | 5. Certificate o        | f Status Desired                     | S8.75 Add<br>Fee Required   |                           |
|  | 6. Name and Address of Current                                       | Registered Agent                    | Na                  | me  | 7. Name and A           | ddress of New R                      | egistered Agent             |                           |
| FILINGS, INC.  |  |                                     |                     | Street Address (P.O. Box Number is Not Acceptable)    |                         |                                      |                             |                           |
| 3732 N.W. 16TH STREET F,T. LAUDERDALE, FL 33311-4132   |  |                                     |                     | Silect violates (1.50 See visitive is not viceopiase) |                         |                                      |                             |                           |
|  |  |                                     | City                | City FL Zip Code                                      |                         |                                      |                             |                           |
|  | named entity submits this statement for<br>lons of registered agent. | the purpose of changing its r       | registered offi     | ce or registere                                       | ed agent, or hoth       | , in the State of Flo                | rida. Tam familiar with,    | and accept                |
| SIGNATURE  Signature, typics or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remarking)  EXIE |  |                                     |                     |   |                         |                                      |                             |                           |
|  | aignature, typed or princed name at registered agent s               | по пие и арристова. (146) г.        | Helpsterect Adem    | agnature required                                     | wilettiemstaling)       |                                      | DATE                        |                           |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.                                   |  |                                     |                     |   | 00 May Be<br>ed to Fees |                                      | • ,                         |                           |
| 10.  | OFFICERS AND   |                                     | 11,                 | 1   | ADDITIONS/C             | HANGES TO OFFI                       | CERS AND DIRECTORS          |                           |
| TITLE<br>NAME  | D<br>WEAVER, TODD  | ☐ Delete                            | . TITLE<br>NAME     |   |                         |                                      | Change                      | Admitton                  |
| STREET ADDRESS CITY-ST-ZIP   | 5300 N. FEDERAL HWY  |                                     | STREET ADDI         | l   |                         |                                      |                             |                           |
| TITLE  |  | ☐ Delete                            | HITLE               |   |                         |                                      | ☐ Change                    | Addition                  |
| NAME<br>Strike i Aponesia  |  |                                     | name<br>Street addi | 1500  |                         |                                      |                             |                           |
| CITY-SI-ZIP  |  |                                     | STATET ADDI         |   |                         |                                      | <del></del>                 |                           |
| TITLE  |  | Delete                              | TITLE               |   |                         |                                      | ☐ Change                    | Addition                  |
| STREET ADDRESS   |  |                                     | HAME<br>STREET ADDI | RESS  |                         |                                      |                             |                           |
| CITY-ST-ZIP  |  |                                     | CITY-SI-ZIP         |   |                         |                                      |                             |                           |
| TITLE  |  | ☐ Delete                            | , MITE              |   |                         |                                      | ☐ Change                    | Addition                  |
| NAME<br>STREET ADDRESS   |  |                                     | NAME<br>STREET ADDE | RESS  |                         |                                      |                             |                           |
| CITY - ST - ŽIP  |  |                                     | CITY-ST-ZIP         | l l   |                         |                                      |                             | ļ                         |
| TITLE  |  | ☐ Delete                            | TITLE               |   | ·                       |                                      | Change                      | Addition                  |
| NAME<br>STREET ADDRESS   |  |                                     | NAME<br>STREET ADDE | RESS  |                         |                                      |                             |                           |
| oth at #8  |  |                                     | CHY S1-ZIP          | 1   |                         |                                      |                             |                           |
| TITLE  |  | ☐ Delete                            | TITLE               |   |                         |                                      | Change                      | Addition                  |
| STREET ADDRESS   |  |                                     | STREET ADDS         | F\$S  |                         |                                      |                             |                           |
| CITY-ST-ZIP  |  |                                     | CITY-ST-ZIP         |   |                         |                                      |                             |                           |
| 12. Thereby o  | ertify that the information supplied with                            | this filing does not qualify for    | the exemption       | n stated in Sec                                       | otion 119.07(3)(i).     | Florida Statutes.                    | further certify that the in | formation                 |

2. One every county that the information supplied with this limit goes not quality for me exemption stated in Section 119.07(3)(i). Horida Statutes. Flurther 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 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:

MUM 9. Weaver
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-8-04

(454) 489-4720

Daytime Phone #