## 2004 FOR PROFIT CORPORATION

## Mar 12, 2004 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P02000041180 1. Entity Name ENCORE REPORTING, INC. Mailing Address Principal Place of Business ONE FINANCIAL PLAZA STE 2020 ONE FINANCIAL PLAZA STE 2020 FT LAUDERDALE, FL 33394 FT LAUDERDALE, FL 33394 02042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0634267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, BETTY J DO NOT WRITE ONE FINANCIAL PLAZA STE 2020 FT LAUDERDALE, FL 33394 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 JUUUUU0086256 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PVST TITLE HALL, BETTY J NAME STREET ADDRESS ONE FINANCIAL PLAZA STE 2020 FT LAUDERDALE, FL 33394 CITY-ST-ZIP TITLE HALL, BETTY J NAME STREET ADDRESS ONE FINANCIAL PLAZA STE 2020 CITY-ST-ZIP FT LAUDERDALE, FL 33394 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**