## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 8:00 am Secretary of State

ANNUAL REPURI					Secretary or State				
DOCUI  1. Entity Name APPLAUS			04-21-2004 90006 016 ***150.00						
Principal Place of Business  6818-B GRAPHICS DRIVE PORT RICHEY, FL 34668  Mailing Address  6818-B GRAPHICS DRIVE PORT RICHEY, FL 34668					54037185				
$\Delta$	lace of Business	3. Mailing Address	renemies	ion.					
Build, Apt.	#, etc. ) U.S. 19	Suite, (Ab) #, etc.  13243 4, 5, 1	9		04142004	Chg-P	CR2E0	34 (10/03)	
City & State	m Fl.	City & State	el.		4. FEI Numbe 02-062				Applicable
3466'	Country	Zip 7	Country /1.5. A.			of Status Desired		\$8.75 Addi	
<u> </u>	6. Name and Address of Current F	Registered Agent	11,5,7,		7. Name and	Address of New R	egistered /	Agent	
MUSIC, HOWARD 6818-B GRAPHICS DRIVE PORT RICHEY, FL 34668					P.O. Box Number	Howar er is Not Acceptable S. H		Zip Code	
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signature	e required	when reinstating)	th, in the State of Flo	orida, Lam DATE	familiar with,	and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		ution.	<b>\$5.</b> Add	00 May Be ed to Fees	IOLIANICEO TO OFF	CEDO AND	CURECTORS	1 lk ( 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NUSIC, HOWARD 1425 NURSERY RD	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	72		CHANGES TO OFF		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEARWATER, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>1 7</del>	pring	HILL, GA	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>760</u> ☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			•	Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition

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.

CIONATUDE ARME ( DO ... A.S.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD MUSIC

9-14-04 Daytime Phone