FROM : WALTER T. SAMUELSON   FAX NO. : 9546806222

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90241 023 ***158.75

DOCUMENT # P02000070826

1. Entity Name
FOX-C, INC.

Principal Place of Business
~~4986 SW 159TH AVE~~
~~HOLLYWOOD, FL 33027~~

Mailing Address
~~4986 SW 159TH AVE~~
~~HOLLYWOOD, FL 33027~~

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
17772 S.W. 2ND ST.	17772 S.W. 2ND ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL	City & State: PEMBROKE PINES FL
Zip: 33029 Country: U.S.	Zip: 33029 Country: U.S.

4. FEI Number 76-0725163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOXWORTH-CUMMINGS, LISA
~~4986 SW 159TH AVE~~
~~HOLLYWOOD, FL 33027~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
17772 S.W. 2ND STREET
City PEMBROKE PINES FL Zip Code 33029

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)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FOXWORTH-CUMMINGS, LISA		NAME	
STREET ADDRESS	~~4986 SW 159TH~~ AVE		STREET ADDRESS	16509 SW 54TH CT.
CITY-ST-ZIP	~~HOLLYWOOD, FL 33027~~		CITY-ST-ZIP	MIRAMAR, FL. 33027
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FOXWORTH, TAWANDA		NAME	
STREET ADDRESS	~~4986 SW 159TH AVE~~		STREET ADDRESS	16509 SW 54TH CT
CITY-ST-ZIP	~~HOLLYWOOD, FL 33027~~		CITY-ST-ZIP	MIRAMAR FL. 33027
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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: (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #