



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000076297	
1. Entity Name KRBW, INC.	

Principal Place of Business 1514 THIRD ST NORTH JACKSONVILLE BCH, FL 32250	Mailing Address 1514 THIRD ST NORTH JACKSONVILLE BCH, FL 32250
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DO NOT WRITE IN THIS SPACE

	
03162004	No Chg-P
CR2E034 (10/03)	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARTER, WILLIAM J
1514 THIRD ST NORTH
JACKSONVILLE BCH, FL 32250**

**DO NOT WRITE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000094803 03/24/04-80007-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARTER, WILLIAM J 1514 THIRD ST NORTH JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CARTER, BRIAN 1514 THIRD ST NORTH JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHACKMAN, KEITH 1514 THIRD ST NORTH JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, ROBERT P 1514 THIRD ST NORTH JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: *Robert P. Williams* **March 22, 2004** (904) 249-9521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR