## 2004 FOR PROFIT CORPORATION

NAME STREET ADDRESS

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 19, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000076600** MOZART SECURE COMMUNICATIONS, INC. Principal Place of Business... Mailing Address 3507 FRONTAGE ROAD STE 150 3507 FRONTAGE ROAD STE 150 TAMPA, FL 33607 TAMPA, FL 33607 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 57-1136566 Not Applicable The second secon \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENA, MARK E DO NOT WRITE 3507 FRONTAGE ROAD STE 150 TAMPA, FL 33607 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOORE, MARC NAME 3507 FRONTAGE ROAD STE 150 STREET ADDRESS U00000118356 D4/19/04-80056-015 150. CITY-ST-ZIP TAMPA, FL 33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

**FILED**