2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000082657

1. Entity Name

MARQUEEBOX DESIGN GROUP, INC.



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

04-21-2004 90006 049 ***150.00

Principal Place of Business

Mailing Address

60 SARASOTA CENTER BLVD SARASOTA, FL 34240 58

DO NOT WRITE IN THIS SPACE

_60 SARASOTA CENTER BLVD SARASOTA, FL 34240



04122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 13-4205105 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCVEY, KIRK 60 SARASOTA CENTER BLVD SARASOTA, FL 34240

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_

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 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME 58 MCVEY, KIRK 60 SARASOTA CENTER BLVD STREET ADORESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNORG OFFICER OR DIRECTOR

4-13-04

941-342 9880

Date

Daytime Phone #