

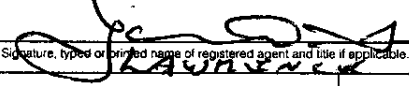



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90434 016 ***150.00

DOCUMENT # P02000096374 1. Entity Name GRAND BAHAMA NEWS, INC.					
Principal Place of Business 4100 NE SECOND AVE. SUITE 206 MIAMI, FL 33137			Mailing Address 4100 NE SECOND AVE. SUITE 206 MIAMI, FL 33137		
2. Principal Place of Business 316 NE Fourth St		3. Mailing Address 316 NE Fourth St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01262004 Chg-P CR2E034 (10/03)	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		4. FEI Number 51-0424915	
Zip 33301		Country USA		Applied For Not Applicable	
Zip 33301		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, LAWRENCE O PRESIDE 4100 NE SECOND AVE. SUITE 206 MIAMI, FL 33137				7. Name and Address of New Registered Agent Name Lawrence O. Turner, Jr. Street Address (P.O. Box Number is Not Acceptable) 316 NE Fourth St City FT LAUDERDALE FL Zip Code 33301	
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:  DATE: 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME TURNER, LAWNSON D		TITLE Change <input type="checkbox"/> Addition		
STREET ADDRESS 4100 NE SECOND AVE. #206	CITY-ST-ZIP MIAMI, FL 33137		NAME 316 NE Fourth St.		
CITY-ST-ZIP MIAMI, FL 33137			STREET ADDRESS FT. LAUDERDALE, FL 33301		
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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:  DATE: 4/22/04 Daytime Phone #: 954.727.9977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					