2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 24, 2004 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P02000097303						1 90001 017 ***1:		
Entity Name BURNING JUNE PUBLISHING, INC.					03 2 1 2 0 0	. , , , , , , , , , , , , , , , , , , ,	20.00	
BORININ	3 JONE PUBLISHING, INC.							
Principal Plac	ce of Business	Mailing Address	000 ET	, <u> </u>			. 75.1	
	LMETTO PARK RD., STE. 314	1499 W. PALMETTO PAR	RK RD., STE. 314			54055	1631	
	N, FL 33486	BOCA RATON, FL 33480						
2 Dringingt F	N	To 11-11 Add-						
14994	v. PalmetoPkRd.		Imetto Pla	Roll IIII	it 88418 50 4 81it 8841 8841	19 1 1		
Suite #157		Suite Apt. #, etc. # 157		03142003	Chg-P	CR2E034 (10/03)		
_City & Stat	a Roton . 7L	- City& State Doca Zat	ion 7L	4. FEI Numb			plied For t Applicable	
	486 Country USA	Zip 33486	Country S A		e of Status Desired	\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R		•	
SUSSMAN, BRYAN				3-yan Sus	an Sussman			
1499 W. PÁLMET Í O PARK RD., STE. 314 BOCA RATON, FÚ 33486			Street 42 NW 3rd Ave.					
	Y			A				
City Delro					eds	FL ZS	44	
8. The above famout shirty 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 predicted agent.								
SIGNATURE WORTH						5/20/04		
	Signature, year for printed name of requested agent of	and title if applicable (NOTE:	Registered Agent signatu	re required when reinstating)	1	DATE		
	LE NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees	In accordance v	vith s. 607.193(2)(b), inot receive the prior r	F.S., the	
10.	ue by September 8, 2004 OFFICERS AND					<u> </u>		
TITLE	D OFFICERS AND	Delete Delete	11, TITLE	ADDITIONS	/CHANGES TO OFF.	CERS AND DIRECTORS Change	Addition	
NAME	TITI, GARY		NAME			L _a , Ottalige		
STREET ADDRESS CITY-ST-ZIP	1163 MOCKEN DR. WEST PALM BEACH, FL 33406		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	PSD	-> DY A A I	∠ Change	Addition	
NAME STREET ADDRESS	SUSSMAN, BRYAN 1499 W. PALMETTO PARK RD.,	STF 314	NAME STREET ADDRESS	SUSSMAN	211 AVE	•		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	SUSSMAN SUSSMAN 42 NW Delcey	Beach -	7L 33444		
TITLE	D	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	GIRAUD, YVES 521 NE 45TH ST., APT. 5	•	NAME STREET ADDRESS				İ	
CITY-ST-21P	BOCA RATON, FL 33431		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
111111111111111111111111111111111111111								
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	<i>\(\lambda\)</i> .	. Delete	STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
CITY-ST-ZIP	\bigcap N	. Delete	STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. Thereby 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 of 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 federal 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 attactioner with an address, with all other like empowered.

SIGNATURE:

ND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

5/20/04

Daytime Phone #