2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2004 08:00 AM Secretary of State **DOCUMENT # P02000104161** MOVING ORBIT.COM, INC. Principal Place of Business Mailing Address 5900 DEWEY ST. 3389 SHERIDAN ST HOLLYWOOD, FL 33020 265 HOLLYWOOD, FL 33021 03262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3655656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent HAGEN, KEVIN L DO NOT WRITE 3531 GRIFFIN RD FT. LAUDERDALE, FL 33312 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 Sign libre typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000100509 Trust Fund Contribution. Added to Fees 04/01/04-80010-021 150.00 10. OFFICERS AND DIRECTORS PSD MILE SUSTIEL, DAVID NAME STREET ADDRESS 5900 DEWEY ST. HOLLYWOOD, FL 33020 CITY SI - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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:

TITLE NAME STREET ADDRESS GRY-ST-ZIP

MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED