

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107451

FILED  
Jan 26, 2004  
Secretary of State

Entity Name: LIVE WIRE EMPIRE, INC.

## Current Principal Place of Business:

3614 SOUTH GRADY AVE  
TAMPA, FL 33629

## New Principal Place of Business:

14908 ARBOR SPRINGS CIRCLE  
#303  
TAMPA, FL 33624

## Current Mailing Address:

3614 SOUTH GRADY AVE  
TAMPA, FL 33629

## New Mailing Address:

14908 ARBOR SPRINGS CIRCLE  
#303  
TAMPA, FL 33624

FEI Number: 16-1632243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA AGENT SERVICES, INC.  
92 SADBERRY ROAD  
QUINCY, FL 323510000 US

## Name and Address of New Registered Agent:

PAYES, AARON CEO  
14908 ARBOR SPRINGS CIRCLE  
#303  
TAMPA, FL 33624 US

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.

SIGNATURE: AARON PAYES

01/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PAYES, AARON  
Address: 3614 SOUTH GRADY AVE  
City-St-Zip: TAMPA, FL 33629

Title: DV ( ) Delete  
Name: MONICA, STEPHEN  
Address: 3614 SOUTH GRADY AVE  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: PAYES, AARON  
Address: 14908 ARBOR SPRINGS CIRCLE #303  
City-St-Zip: TAMPA, FL 33624

Title: DV (X) Change ( ) Addition  
Name: MONICA, STEPHEN  
Address: 14908 ARBOR SPRINGS CIRCLE #303  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON PAYES

PRES

01/26/2004

Electronic Signature of Signing Officer or Director

Date