**FILED** Feb 16, 2004 08:00 AM **Secretary of State** 

2004 FOR PROFIT CORPORATION ANNUAL REPORT		
DOCUMENT # P02000119  1. Entity Name BAYVIEW COMMUNICATIONS INC.	584	
Principal Place of Business	Mailing Address	
4003 SOUTH WESTSHORE BLVD., SUITE 3703 TAMPA, FL 33611	4003 SOUTH WESTSHORE BLVD., SUIT TAMPA, FL 33611	E 3703
- Change		
		02032004

CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0540153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, THOMAS DO NOT WRITE 4003 SOUTH WESTSHORE BLVD., SUITE 3703 TAMPA, FL 33611 IN THIS SPACE A THE REST WATER TO THE PARTY OF THE PARTY O 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 it applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE NAME MILLER, THOMAS STREET ADDRESS 4003 SOUTH WESTSHORE BLVD., SUITE 3703 \_\_\_U00000054309 02/16/04-80163-022 150.00 TAMPA, FL 33611 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 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 an address, with an address, with an address.

SIGNATURE: