2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

Г	ANNUAL	_ .	Secretary of State							
DOCUMENT # P02000121006 1. Entity Name PHANTOM OF BREVARD, INC.						04-22-2004 90080 047 ***150.00				
71114110	in or breviab, ino.									
Principal Place of Business 707 NORTH FRANKLIN STREET 4TH FLOOR TAMPA, FL 33602		Mailing Address 555 MARTIN LUTHER KING, JR. BLVD. YOUNGSTOWN, OH 44502								
	lace of Business	3. Mailing Add	ress							
Suite, Apt. #, etc.		Suite, Apt. #								
City & State		City & State			02122004 4. FEI Numb	Chg-P	CH2E03	4 (10/03)	plied For	
Zip Country				Country	56-2299954 Not /		t Applicable			
	•					of Status Desired	□ F	ee Require		
	6. Name and Address of Current	Redistered Agen	•	Name	7. Name an	d Address of New	Hegisterea Aç	jent		
FARAGE, NANCY G TAMPA THEATRE BUILDING 707 NORTH FRANKLIN STREET 4TH FLOOR TAMPA, FL 33602			Street Address (P.O. Box Number is Not Acceptable)							
0 Th				City			FL	Zip Code		
the obligat	named entity submits this statement for ions of registered agent.	r the purpose of c	hanging its regi	istered office or regis	tered agent, or be	oth, in the State of F	lorida. Iam fa	miliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	1	ion Campaign F Fund Contribut		5.00 May Be dded to Fees					
10.	OFFICERS AND	DIRECTORS		11.	ADDITIONS	/CHANGES TO OF	FICERS AND [DIRECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P&D ZOLDAN, BRUCE J 4490 DEVONSHIRE DRIVE YOUNGSTOWN, OH 44512		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D BOSTOCKY, JERRY 305 RUSSO DRIVE CANFIELD, OH 44406		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS	T&D ZOLDAN, ALAN L 6741 LOCKWOOD BLVD.	ū	Delete	TITLE NAME STREET ADDRESS	VD ZOLDAN, AL 1385 FOX DEN	N TRAIL		Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	YOUNGSTOWN, OH 44512 S WEIMER, WILLIAM A		Delete	CITY-ST-ZIP TITLE NAME	.CANEIELDO	H_44406=8305_	l	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2331 FIFTH AVENUE YOUNGSTOWN, OH 44504			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK PETER S. 8518 SYMMERCINE POLIND OHIO 445	TANK	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

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: 🗹	Pater French	PETER FLANK	14-19-04	330-746-106
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	Date	Daytime Phone #	