2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

| DOCUMENT # P02000121332 1. Entity Name | | | | | Jan 23, 2004 08:00 AM Secretary of State | | | |
|--|---|---|---|--|---|---|------------------|--|
| ART MARKETING | , INC. | | | | , 01 200 | | | |
| Principal Place of Business | | Mailing Address | | | | | | |
| 6463 LA COSTA DRIVE | | 6463 LA COSTA DRIVE 405 | | | | | | |
| BOCA RATON FL 334 | 33 | BOCA RATON FL 3 | 3433 | | | | } | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOORE CR2E034 | | | |
| City & State | | City & State | | | 4. FEI Number 05-0540950 | Applied Fo | | |
| Z _i p | Z _i p Country | | Coun | try | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| Name and Address of Current Registered Agent | | | | Name | 7. Name and Address of New Registered | Agent | ٠ | |
| ABRABEN, 1 6463 LA CO | | | Street Address (| P.O. Box Number is Not Acceptable) | | | | |
| 405 | | | | | | | | |
| BOCA RATON FL 33433 | | | | City | | Zip Code | | |
| 8. The above named ent the obligations of regin | | or the purpose of changing | its registere | ed office or register | red agent, or both, in the State of Florida. I am | familiar with, and acc | Ç e ¢ | |
| SIGNATURE | ed or printed name of registered agent | and title if applicable. | VOTE. Registere | d Agent signature required | t when reinstating) DATE | | - | |
| FILE NOW | !!! FEE IS \$150.00 | | | | | .== | | |
| After May 1, 20 | 004 Fee will be \$550.00 to Florida Department o | f State | | | S. Election Campaign Financing Trust Fund Contribution. | \$5.00 May to Added to Fees | | |
| 10. | OFFICERS AND | | 11. | | ADDITIONS/CHANGES TO OFFICERS AN | | | |
| TITLE P NAME ABRABEN | | | TETLS NAM | | | Change Ad- | ×, | |
| STREET ADDRESS 6463 LA COSTA DRIVE #405 | | | 4 | ET AODRESS | U00000012043 01/23/04-80062-01 | 1 100 70 | | |
| CITY-ST-ZIP BOCA RA | TON FL 33433 | | CITY | -ST-ZIP | | | | |
| TITLE NAME | | ☐ Delete | lite Man | 1 | | ☐ Change ☐ Ad | 4.44 | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | |
| TITLE NAME | | ☐ Delete | RITLE NAM | 1 | | ☐ Change ☐ Ad- | /4199 / | |
| STREET ADDRESS | | | | ET AODRESS | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | |
| TITLE | | ☐ Delete | BILL | 1 | | ☐ Change ☐ A-6 | 4 | |
| NAME STREET ADDRESS | | | NAM STRE | ET AODRESS | | | | |
| CITY-ST-ZIP | | | | -SI-ZIP | | | | |
| TITLE NAME | | ☐ Delete | TOTAL | | | ☐ Change ☐ Ad | 1,4, | |
| STREET ADDRESS | | | NAM STRE | E ADDRESS | | | | |
| CITY+ST-ZIP | | | | -ST-ZIP | | ., | | |
| IIITE | | ☐ Delete | រាជ | 1 | | Change A.: | i are | |
| NAME STREET ADDRESS | | | NAM STRE | E ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | |
| 12. I hereby certify that to indicated on this report the corporation or changed, or on an all | he information supplied with ort or supplemental report is the receiver or trustee empi trachment with an address. | n this filing does not qualify s true and accurate and th owered to execute this rep with all other like empower | for the exe at my signa- ort as required. | mption stated in Se ture shall have the red by Chapter 607 | ection 119.07(3)(f), Florida Statutes. I further ce same legal effect as if made under oath; that I 7, Florida Statutes, and that my name appears | rtify that the information am an officer or direction Block 10 or Block | on ្នា 11 | |

Mary R. Abraba 1-21-64 541-750-7570
SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description of the content of the con

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