2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # P02000133381 Entity Name JAZ INC. PUBLIC RELATIONS SERVICES Principal Place of Business Mailing Address 35 WALTON WAY 35 WALTON WAY DESTIN, FL 32550 DESTIN, FL 32550 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2309806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent HELMICH, KEVIN M ESQ DO NOT WRITE 4481 LEGENDARY DRIVE STE 200 DESTIN, FL 32541 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. 4-21-04 DATE Helmich (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 04/23/04-80040-016 15**0.0**0 D TIT) F NAME ROOT, JULIE 35 WALTON WAY STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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.

4-21-04

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED