


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

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DOCUMENT # P03000008086		Secretary of State 03-22-2004 90073 012 ***158.75	
1. Entity Name THE IMPERIAL TIMES, INC			
Principal Place of Business 4500 S. OCEAN BLVD APT 312 S. PALM BEACH, FL 33480		Mailing Address 4500 S. OCEAN BLVD APT 312 S. PALM BEACH, FL 33480	
2. Principal Place of Business 606 N M Street Suite, Apt. #, etc. LAKE WORTH, FL City & State		3. Mailing Address 606 N M Street Suite, Apt. #, etc. LAKE WORTH, FL City & State	
Zip 33460 Country PALM BEACH		Zip 33460 Country PALM BEACH	
6. Name and Address of Current Registered Agent D'AMELIO, LOUIS A 4500 S. OCEAN BLVD APT 312 S. PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 606 N M Street LAKE WORTH, FL City FL Zip Code 33460	
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: <i>Louis A. D'Amelio</i> DATE: <i>01/06/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D'AMELIO, LOUIS A 4500 S. OCEAN BLVD, APT 312 S. PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 606 N M ST. LAKE WORTH, FL. 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Louis A. D'Amelio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/08/04 361/586-9814 <small>Date Daytime Phone #</small>	