


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90011 048 \*\*\*150.00

<b>DOCUMENT # P03000010379</b> 1. Entity Name <b>THE J2 GROUP INC.</b>					
Principal Place of Business <b>200 4TH AVE. SOUTH #137</b> <b>ST. PETERSBURG, FL 33701</b>			Mailing Address <b>200 4TH AVE. SOUTH #137</b> <b>ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business <b>200 4TH AVE SOUTH</b>		3. Mailing Address <b>200 4TH AVE SOUTH</b>			
Suite, Apt. #, etc. <b>#131</b>		Suite, Apt. #, etc. <b>#131</b>			
City & State <b>ST. PETERSBURG, FL</b>		City & State <b>ST. PETERSBURG, FL</b>		4. FEI Number <b>133890938</b>	
Zip <b>33701</b> Country <b>USA</b>		Zip <b>33701</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTELLANO, NELSON T</b> <b>101 E. KENNEDY BLVD., STE. 2700</b> <b>TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKES, JEANNE S 200 4TH AVE. SOUTH #137 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANNE S. PARKES 200 4TH AVE SOUTH #131 ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATTANZIO, JEANNE M 11015 DEODAR WAY RENO, NV 98506	<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
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>Jeanne S. Parkes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-20-04 727 820 0843 Date Daytime Phone #		