## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000019401

BASS, AARON'S

500 S. AUSTRALIAN AVENUE, SUITE 800

W. PALM BEACH, FL 33401

Name:

Address:

City-St-Zip:

Entity Name: SILVER LEVY FELDMAN & BASS P.A

FILED Apr 20, 2004 Secretary of State

Littly Nai	ille. SILVER,	LLV 1, FELDIVIAN & DAGG, F./	٦.	
Current Principal Place of Business:			New Principal Place of Business:	
	STRALIAN AV LM BEACH, F	ENUE, SUITE 800 L 33401		
Current Mailing Address:			New Mailing Address:	
	STRALIAN AV LM BEACH, F	ENUE, SUITE 800 L 33401		
FEI Number	: 45-0501729	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address of New Registered Agent:	
	COTT A STRALIAN AV LM BEACH, F	ENUE, SUITE 800 L 33401 US		
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SILVER, SCOT 500 S. AUSTRA	) Delete T A ALIAN AVENUE, SUITE 800 EACH, FL 33401	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	LEVY, JOSHÙ/ 1135 KANE CO	) Delete A M NNCOURSE, 3RD FLOOR ISLANDS, FL 33154	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	FELDMAN, MIT	SHORE BLVD., SUITE 806	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	Т (	) Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT A. SILVER P 04/20/2004