2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 02, 2004 8:00 am Secretary of State

07-02-2004 90004 015 ***150.00

DOCUMENT # P03000034403 BREVARD LIVE, INC. Principal Place of Business Mailing Address 927 E NEW HAVEN AVE #211 P 0 BOX 1452 54059715 MELBOURNE, FL 32901 MELBOURNE, FL 32902 2. Principal Place of Business 3. Mailing Address P. O. Box 1452 927 E. New Haven Aut Suite, Apt. #, etc Suite, Apt. #, etc. 06302004 Chg-P CR2E034 (10/03) City & State City & State 4. FF1 Number Applied For 10 Melbourne bow We ✓ Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARKE, HEIKE Street Address (P.O. Box Number is Not Acceptable) 927 E NEW HAVEN AVE #211 MELBOURNE, FL 32901 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. \Box Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition CLARKE, HEIKE NAME NAME STREET ADDRESS 41 EMERSON DR NW STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 6-30-04 Date SIGNATURE: Daytime Phone #