


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90423 015 \*\*\*150.00

<b>DOCUMENT # P03000041843</b> 1. Entity Name <b>CBS INTERNATIONAL (USA), INC.</b>					
Principal Place of Business <b>301 N CATTLEMEN RD, STE 205 SARASOTA, FL 34232</b>			Mailing Address <b>301 N CATTLEMEN RD, STE 205 SARASOTA, FL 34232</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>419, BIRKDALE ST</b> Suite, Apt. #, etc.			
City & State		City & State <b>DAVENPORT.</b>		4. FEI Number <b>86-1058897</b>	
Zip	Country	Zip <b>33897</b>	Country <b>POLK</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>NICOLL, GERALDINE 301 N CATTLEMEN RD, STE 205 SARASOTA, FL 34232</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 <i>Geraldine Nicoll</i> <b>President</b> DATE <b>26th April 04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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	<b>P</b> <b>NICOLL, GERALDINE</b> <b>301 N CATTLEMEN RD, STE 205</b> <b>SARASOTA, FL 34232</b> <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	<b>V</b> <b>NICOLL, CHRISTOPHER</b> <b>301 N CATTLEMEN RD, STE 205</b> <b>SARASOTA, FL 34232</b> <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		
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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		
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>Geraldine Nicoll</i> <b>President</b> <b>26th April 04</b> <b>8635551539</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					