## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \

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## May 03, 2004 8:00 am DOCUMENT # P03000061251 **Secretary of State** 1. Entity Name ( K.O.S. PÜBLISHING INC. 05-03-2004 90442 043 \*\*\*150.00 Principal Place of Business Mailing Address 741 N.E. EASTLAKE STREET 741 N.E. EASTLAKE STREET PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983 2. Principal Place of Business 3: Mailing Address 7228 SOUTH U.S. Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number PORT ST. LUCIE 05-0578536 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 34952 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIN-YOUNG, LEONARD JR. 741 N.E. EASTLAKE STREET Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE, FL 34983 City Zio 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11:1 -- 3 TITLE ☐ Delete TITLE ☐ Change Addition CHIN-YOUNG, JENNIFER NAME NAME STREET ADDRESS STREET ADDRESS 741 N.E. EASTLAKE STREET CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE, FLORIDA 34983 TITLE VP/S/D ☐ Defete TITLE ☐ Change NAME CHIN-YOUNG, LEONARD JR. NAME STREET ADDRESS STREET ADDRESS 741 N.E. EASTLAKE STREET CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE, FLORIDA 34983 Delete TITLE Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 11 1987 32 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 impowered 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.

**FILED**