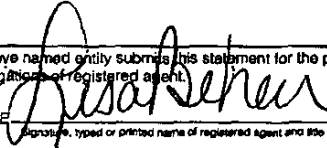
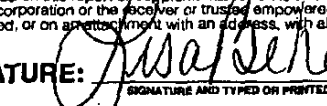


FILED
Mar 18, 2004 8:00 am
Secretary of State

03-08-2004 90030 044 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000078924			
1. Entity Name TIMES TWO ,INC.			
Principal Place of Business 9912 ROYAL CARDIGAN WAY W. PALM BEACH, FL 33411		Mailing Address 9912 ROYAL CARDIGAN WAY W. PALM BEACH, FL 33411	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03012004		Chg-P	CR2E034 (10/03)
4. FEI Number 200116444		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
- 6. Name and Address of Current Registered Agent -		- 7. Name and Address of New Registered Agent -	
INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		Name LISA BEHAR Street Address (P.O. Box Number is Not Acceptable) 9912 ROYAL CARDIGAN WAY City W. PALM BEACH, FL Zip Code 33411	
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 		DATE 3/3/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEHAR, JAMES B 9912 ROYAL CARDIGAN WAY W. PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHAR, LISA A 9912 ROYAL CARDIGAN WAY W. PALM BEACH, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEHAR, THOMAS A 10262 NW 54 PLACE CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 807, 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: 		DATE 3/3/04 8	