

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90728 044 ***158.75

DOCUMENT # P03000083850 1. Entity Name AIRSCAN AMERICA, INC.																											
Principal Place of Business 707 N FRANKLIN STREET STE 725 TAMPA, FL 33602		Mailing Address 707 N FRANKLIN STREET STE 725 TAMPA, FL 33602																									
2. Principal Place of Business 7030 CENTER LANE		3. Mailing Address 7030 CENTER LANE																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State TITUSVILLE, FL		City & State TITUSVILLE, FL																									
Zip 32780		Zip 32780																									
Country BREVARD		Country BREVARD																									
4. FEI Number 65-1202778		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FOTOPULOS, THOMAS E 707 N FRANKLIN STREET STE 725 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name THOMAS E. FOTOPULOS Street Address (P.O. Box Number is Not Acceptable) 7030 CENTER LANE City TITUSVILLE FL Zip 32780																									
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 THOMAS E. FOTOPULOS 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D FOTOPULOS, THOMAS E</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>707 N FRANKLIN STREET STE 725</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA, FL 33602</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D FOTOPULOS, THOMAS E	<input type="checkbox"/> Delete	NAME	707 N FRANKLIN STREET STE 725		STREET ADDRESS	TAMPA, FL 33602		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P, D THOMAS E. FOTOPULOS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>7030 CENTER LANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TITUSVILLE, FL 32780</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P, D THOMAS E. FOTOPULOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	7030 CENTER LANE		STREET ADDRESS	TITUSVILLE, FL 32780		CITY-ST-ZIP		
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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: THOMAS E. FOTOPULOS 4/29/04 (321) 268-9112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>																											