2004 FOR PROFIT CORPORATION

Feb 10, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State DOCUMENT # P03000093951** 1. Entity Name 02-10-2004 90017 045 ***150.00 LONE PALM ADVERTISING, INC. Principal Place of Business Mailing Address 100 NORTH HARBOR CITY BLVD. 2700 WEST HALL LANE SUITE 215 MAITLAND FL 32751 MELBOURNE FL 32935 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 03-0527294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, DENNIS G JR. Street Address (P.O. Box Number is Not Acceptable) 100 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935 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 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE PTD TITLE ☐ Change ☐ Addition ☐ Delete MARTIN, DENNIS G JR. NAME NAME 603 RIO PINO NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARTIN, PATRICIA A NAME NAME 603 RIO PINO NORTH STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition 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 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

STREET ADDRESS

☐ Delete

DENNISG MARTIN. JR, PRESIL

FILED

☐ Change

■ Addition