

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90292 050 \*\*\*150.00

DOCUMENT # P03000104760

1. Entity Name  
TECH LICENSE CORP.



Principal Place of Business  
~~1731 FUNSTON STREET~~  
+  
HOLLYWOOD, FL 33020

Mailing Address  
~~1731 FUNSTON STREET~~  
+  
HOLLYWOOD, FL 33020

2. Principal Place of Business  
2097 S. Ocean Dr.  
Suite, Apt. #, etc.  
Apt 104  
City & State  
Hallandale Beach FL

3. Mailing Address  
2097 S. Ocean Dr.  
Suite, Apt. #, etc.  
Apt 104  
City & State  
Hallandale Beach FL



04232004 Chg-P CR2E034 (10/03)

Zip 33009 Country USA

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4. FFI Number 56-2398011 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LAUGE, GASTON C  
~~1731 FUNSTON STREET~~  
+  
~~HOLLYWOOD, FL 33020~~

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2097 S. Ocean Dr  
Apt 104  
City Hallandale Beach FL Zip Code 33009

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]*

4/23/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	
TITLE P	<input type="checkbox"/> Delete
NAME LAUGE, GASTON C	
STREET ADDRESS <del>1731 FUNSTON STREET</del>	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE VP	<input type="checkbox"/> Delete
NAME SEVERI, MARA	
STREET ADDRESS <del>1731 FUNSTON STREET</del>	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 954-458-7894  
Date Daytime Phone #