
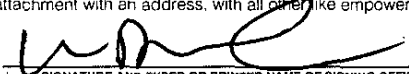


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90024 046 \*\*\*150.00

<b>DOCUMENT # P03000113602</b> 1. Entity Name <b>BUDGET TRANSMISSION, INC.</b>					
Principal Place of Business <b>15519 HWY 441 UNIT 201 EUSTIS, FL 32726</b>			Mailing Address <b>15519 HWY 441 UNIT 201 EUSTIS, FL 32726</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">65-1206832</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARSH, WILLIAM 15519 HIGHWAY 441 EUSTIS, FL 32726</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME ADDRESS CITY STATE ZIP	D <b>MARSH, WILLIAM 15519 HIGHWAY 441 EUSTIS, FL 32726</b>	NAME ADDRESS CITY STATE ZIP	<input type="checkbox"/> DELETED <input type="checkbox"/> ADDED		
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.					
<b>SIGNATURE:</b>  <b>WILLIAM MARSH</b> 4-6-04 (352)357-3355					