## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90107 015 \*\*\*150 00 DOCUMENT # P03000123199 EASTSIDE CELLULAR, INC. 14006186° Principal Place of Business Mailing Address 5261 33RD ST E 5261 33RD ST E BRADENTON, FL 3420 BRADENTON, FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 CR2E034 (10/03) Applied For\_ City & State City & State 4. FEI Number 20-03 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIDSON, BRENDA Street Address (P.O. Box Number is Not Acceptable) 2008 39TH ST W BRADENTON, FL 34205 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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change DAVIDSON, DENNIS NAME STREET ADDRESS 2008 39TH ST W STREET ADDRESS BRADENTON/FL 34205 CITY-ST-7IP CITY-S1-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME DIBATTISTA, DAVID NAME STREET ADDRESS 7737 40TH CT E STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP ☐ Delete Addition DAVIDSON, BRENDA NAME NAME 2008 39TH ST W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 e npowered 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:

FILED