## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATURE AND TYPED OR PRINTE

D NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P03000130179 1. Entity Name 04-21-2004 90072 001 \*\*\*150.00 DAY & NITE MARKETING, INC. Principal Place of Business Mailing Address 1708 S.W. 14TH STREET 1708 S.W. 14TH STREET FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 CR2E034 (11/03) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAY, STEPHEN 1708 S.W. 14TH STREET FORT LAUDERDALE FL 33312 City for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named er Submits this statement the obligations red aent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) nd title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DAY, STEPHEN NAME NAME STREET ADDRESS 1708 S.W. 14TH STREET STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP Delete . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE TITLE NAME 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 repeir or trustee endowered 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 attact all other like empower **SIGNATURE**

FILED

Daytime Phone #