

Apr 23 04 08:00a

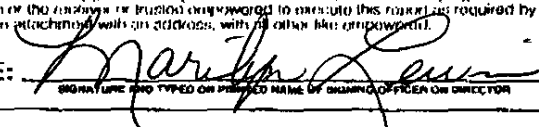
FUN FACTORY#3

81:

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90281 049 ***150.00

DOCUMENT # P03000148975					
1. Entity Name EXTRODENAR MASSAGE, INC.					
Principal Place of Business 11012 NORTH DALE MABRY HIGHWAY SUITE 304 TAMPA, FL 33618			Mailing Address 11012 NORTH DALE MABRY HIGHWAY SUITE 304 TAMPA, FL 33618		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. ILL Number 92-0180991				Applicable Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, MARILYN G 11012 NORTH DALE MABRY HIGHWAY SUITE 304 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 must be certified by the registered agent and filed in accordance with the provisions of Chapter 607, Florida Statutes.)					
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			11. ADDITIONS/DELETIONS TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY ST ZIP	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY ST ZIP	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY ST ZIP	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY ST ZIP	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 assignee 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 attachments.					
SIGNATURE: 		42304			
SIGNATURE MUST BE TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR		DATE			

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04232004 Chg-P CR2E004 (10/03)