2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

Zip Country	1. Entity Name	ENT # P04000099 4 TIME, INC.	9429					04-21-2005	90253 ()49 ***15	8.75
Source S	Principal Place of	f Business	Mailing Address								
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. 03252005 Chg.P CR2E034 (10/03) City & State City & Cit	6658 LANDOVER CIRCLE		6658 LANDOVER CIRCLE				,			50041	702
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. 03252005 Chg.P CR2E034 (10/03) City & State City & Cit					•						
City & State City & State City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired Set 7. Addition of Status Desired City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) DATE Signature required agent on both, in the State of Floride. I am familiar with, and in collapse of profitted agent age							! 1811 1815 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1811 1 				
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.				03252005	Chg-P	CR2E	034 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered 7. Name and Agent agent Agent Agent 8. The Landson Part Agent Agen	City & State		City & State		•			- 13164	09	_ 	oplied For ot Applicable
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desired	×		
Sireet Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 City FL Zip Code		6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered	Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and a few colligations of registered agent. SIGNATURE Signature	2039 CENTR	RE POINTE BLVD., STE. 20	1	r.		ddress (I	P.O. Box Numbe	r is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Gentle Now!!! FEE is \$150.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					City	-			FI	Zip Cod	е
Signature, hoped or private name of registered agent and life of expectation. (NOTE. Registered Agent agreeated when reinstatung) S\$5.00 May Be Added to Fees	8. The above na the obligation	med entity submits this statement for sof registered agent.	or the purpose of changing	its register	ed office or	register	ed agent, or bot	h, in the State of Flo		-	and accept
FILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change CHY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM		nature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	od Adjent signatu	re required	when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	FILE After May	NOW!!! FEE IS \$150.00	9. Election Cam			\$5. Add	00 May Be ed to Fees				
NAME STREET ADDRESS CITY-ST-ZIP TABLE & GASENFISCO GASENFISC	10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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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.

SIGNATURE: _

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

942-03-98 Dayting Phone #