2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P04000173126** 04-22-2005 90316 047 ***150.00 1. Entity Name LIVE DATA GROUP, INC. Principal Place of Business Mailing Address -50043053 2201 NW CORPORATE BLVD SUITE 101 2201 NW CORPORATE BLVD SUITE 101 BOCA RATON, FL 33431 BOCA RATON, FL 33431 Mailing Address 2201 NW Corporak Blva 2. Principal Place of Business 02222005 Chg-P CR2E034 (10/03) 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 SMITH, JOHN W---2201 NW CORPORATE BLVD SUITE 101 BOGA-RATON, FL 33431 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDEN ☐ Delete TITLE ☐ Change ■ Addition NAME RADFORD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Сhалое ☐ Addition NAME JEFF JOHNSON 2201NW CORPORARE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE 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-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 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:

FILED

BRADFORD BETSEN , YRESIDEN