## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04681

FILED Jan 07, 2004 Secretary of State

Entity Name: ECONOCOM-USA, INC. **Current Principal Place of Business: New Principal Place of Business:** 6750 POPLAR AVE SUITE 202 MEMPHIS, TN 38138 US **New Mailing Address: Current Mailing Address:** 6750 POPLAR AVE SUITE 202 MEMPHIS, TN 38138 US FEI Number: 62-0937350 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INCORP SERVICES, INC 103 N. MERIDIAN STREET US TALLAHASSEE, FL 32301 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COB () Delete Title: (X) Change ( ) Addition BOUCHARD, JEAN-LOUIS, BOUCHARD, JEAN-LOUIS Name: Name: 12 AVENUE BOSQUET 12 AVENUE BOSQUET Address: Address: City-St-Zip: 75007 PARIS, FRANCE, City-St-Zip: PARIS, FRANCE, FR 75007 FR Title: Title: V/S (X) Change ( ) Addition ( ) Delete Name: THOMAS, KEVIN. Name: CONNIE. FOSTER 9686 WOODLAND VIEW LANE 6750 POPLAR AVENUE, SUITE 202 Address: Address: MEMPHIS, TN 38138 CORDOVA, TN 38018 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition P/D

Title: PCEO ( ) Delete
Name: DRAKE, MICHAEL,
Address: 7074 MANOR WOODS CT
City-St-Zip: GERMANTOWN, TN

Title: VS (X) Delete
Name: FOSTER, CONNIE

Address: 965 RIDGE LAKE BLVD STE 207

City-St-Zip: MEMPHIS, TN 38120

Title: ( ) Change ( ) Addition

7074 MANOR WOODS CT

GERMANTOWN, TN 38138

DRAKE, MICHAEL

Name: Address: City-St-Zip:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE FOSTER V 01/07/2004