

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25371

FILED
Mar 23, 2004
Secretary of State

Entity Name: TALLA-COM, TALLAHASSEE COMMUNICATIONS INDUSTRIES, INC.

Current Principal Place of Business:

1720 WEST PAUL DIRAC DR.
TALLAHASSEE, FL 32310

New Principal Place of Business:

1721 WEST PAUL DIRAC DR.
TALLAHASSEE, FL 32310

Current Mailing Address:

1720 WEST PAUL DIRAC DR.
TALLAHASSEE, FL 32310

New Mailing Address:

1721 WEST PAUL DIRAC DR.
TALLAHASSEE, FL 32310

FEI Number: 22-2974315 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PHILLIPS, S. JAMES
1720 W. PAUL DIRAC DR.
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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:

- Title: P () Delete
- Name: PERESS, YEHUDA
- Address: 1720 WEST PAUL DIRAC DRIVE
- City-St-Zip: TALLAHASSEE, FL

- Title: S () Delete
- Name: PHILLIPS, JAMES,
- Address: 1720 W. PAUL DIRAC DR.
- City-St-Zip: TALLAHASSEE, FL

- Title: D () Delete
- Name: NEHEMIA, SHIFF
- Address: 26 HASHOFTM STREET P.O. BOX 267
- City-St-Zip: HOLON, IS

- Title: D () Delete
- Name: WEIZMAN, AMOS
- Address: 26 HASHOFTM ST PO BOX 267
- City-St-Zip: HOLON, IS

- Title: D () Delete
- Name: COHEN, DAVID
- Address: 26 HASHOFTM STREET P.O. BOX 267
- City-St-Zip: HOLON, IS

- Title: D () Delete
- Name: HERMONI, HEZI
- Address: 26 HASHOFTM STREET P.O. BOX 267
- City-St-Zip: HOLON, IS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: P (X) Change () Addition
- Name: CASPI, CHAIM
- Address: 1721 WEST PAUL DIRAC DRIVE
- City-St-Zip: TALLAHASSEE, FL

- Title: S (X) Change () Addition
- Name: PHILLIPS, JAMES,
- Address: 1721 W. PAUL DIRAC DR.
- City-St-Zip: TALLAHASSEE, FL

- Title: () Change () Addition
- Name:
- Address:
- City-St-Zip:

- Title: () Change () Addition
- Name:
- Address:
- City-St-Zip:

- Title: () Change () Addition
- 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: S. JAMES PHILLIPS

S

03/23/2004

Electronic Signature of Signing Officer or Director

_____ Date