


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

03-26-2004 90028 038 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P28540</b> 1. Entity Name <b>GRANT COMMUNICATIONS INC.</b>					
Principal Place of Business <b>915 MIDDLE RIVER DRIVE, SUITE 409 FT. LAUDERDALE, FL 33304</b>			Mailing Address <b>915 MIDDLE RIVER DRIVE, SUITE 409 FT. LAUDERDALE, FL 33304</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0040045</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RYAN, MARK P.</b> <b>KLEIN, BENJAMIN L MR.</b> <b>915 MIDDLE RIVER DRIVE, SUITE 409</b> <b>FT. LAUDERDALE, FL 33304</b>			7. Name and Address of New-Registered Agent Name <b>Grant Communications</b> Street Address (P.O. Box Number is Not Acceptable) <b>915 Middle River Dr., Suite 409</b> City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33304</b>		
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 <u><i>Milton Grant</i></u> <b>MILTON GRANT PRES</b> <b>3/22/04</b> <small>Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, MILTON 915 MIDDLE RIVER DR., 409 FT. LAUDERDALE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KLEIN, BENJAMIN 3694 NEWPORT AVE BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN, MARK P. 1217 Orange Isle Ft. Lauderdale, FL. 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALLAHAN, CAROL 915 MIDDLE RIVER DR., 409 FT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Mark P Ryan</i></u> <b>3/15/04</b> <b>954 568 2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>			<u><i>MARK P RYAN</i></u>		