

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 038 ***150.00

DOCUMENT # P31802

1. Entity Name
AMERICAN MULTILINE CORPORATION



Principal Place of Business 13760 NOEL RD SUITE 340 DALLAS, TX 75240 US	Mailing Address 13760 NOEL RD SUITE 340 DALLAS, TX 75240 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number 95-4052906	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSDT	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN E.	
STREET ADDRESS	13760 NOEL RD., #340	
CITY-ST-ZIP	DALLAS, TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NICOLA, SUSAN A.	
STREET ADDRESS	12424 WILSHIRE BLVD 750	
CITY-ST-ZIP	LOS ANGELES, CA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, JILL	
STREET ADDRESS	151 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO, IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VETTER, DONNA	
STREET ADDRESS	245 BEAVER DAM RD	
CITY-ST-ZIP	ISLIP TERRACE, NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, HUGH	
STREET ADDRESS	13760 NOEL RD., #340	
CITY-ST-ZIP	DALLAS, TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SEE ATTACHED LISTING
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/04

Date

9722330666

Daytime Phone #