2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 16, 2005 8:00 am **Secretary of State DOCUMENT # P32223** 03-16-2005 90025 008 ***150.00 1. Entity Name EQUÍTABLE JVS, INC. Principal Place of Business Mailing Address 3424 PEACHTREE RD, NE 3424 PEACHTREE RD, NE SUITE 800 SUITE 800 ATLANTA, GA 30326 ATLANTA, GA 30326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-1912708 Not Applicable Country Zip Country Zip \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE Delete TITLE NAME ANTONIEWICZ, WALDEMAR J NAME RICHARDSON, SUSAN K STREET ADDRESS 3424 PEACHTREE RD STREET ADDRESS 3424 PEACHTREE RD NE SUITE 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30326 ATLANTA, GA 30326 **D**Oelete TITLE TITLE Change Addition MCKEAN, THOMAS A NAME NAME O'DELL, CHRISTOPHER L STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD, NE, STE 800 1585 BŔOADWAY CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30326 NEW YORK, NY 10036 TITLE ☐ Delete TITLE ☐ Change Addition DAFFER, TERRELL E NAME NAME GAIL STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD., NE 3424 PÉACHTREE RD NE SUITE 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30326 ATLANTA, GA 30326 TITLE VAS ☐ Delete TITLE ☐ Change ☐ Addition NEWMARK, DEBBIE NAME NAME STREET ADDRESS 3424 PEACHTREE RD, NE, STE 800 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30326 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

3-8-05

404-846-1300

FILED