## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000009270

Entity Name: SELECTIVE ARTS, INC

City-St-Zip:

DELRAY BEACH, FL 33445

FILED Jan 28, 2004 Secretary of State

,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Current l	Principal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
955 S CONGRESS AVE DELRAY BEACH, FL 33445			117	955 S CONGRESS AVE 117 DELRAY BEACH, FL 33445	
Current I	Mailing Addres	ss:	New Mailing Address	New Mailing Address:	
955 S CONGRESS AVE DELRAY BEACH, FL 33445			117	955 S CONGRESS AVE 117 DELRAY BEACH, FL 33445	
FEI Numbe	er: 65-0377172	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2021 TÝL	MITCHELL D E: ER ST 'OOD, FL 3302				
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Ag	jent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ( ).			
OFFICER	RS AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	D ( NODEN, ANN 955 S CONGR	) Delete ESS AVE #116	Title: Name: Address:	( ) Change ( ) Addition	

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: ANN NODEN DIR 01/28/2004