2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P9300005751 1. Entity Name BAY SCALLOP, INC.						04-28-200	04 90263 045 ***:	150.00	
Principal Place	of Business	Mailing Address		<u> </u>					
727 SCALLOF	P DR.	727 SCALLOP DR.			•	4058656			
CAPE CANAVI	ERAL, FL 32920	CAPE CANAVERAL, FL 3	CAPE CANAVERAL, FL 32920		1	2	400000		
						11 0 1 11111 8 6 115 1 6 241 1 7 1115	ANIA BRIDI DIIR INDRI DAIDA 1101		
2. Principal Pl	ace of Business	3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01162004	Chg-P	CR2E034 (10/03)		
0.000		City & State		4. FEI Number	-		plied For		
City & State		City & State			KMX 59-3395		Applicable		
Zip	Country	Zip	Coun	try			\$8.75 Addi		
					5. Certificate of	r Status Desired	Fee Required		
	6. Name and Address of Current	Registered Agent		Nome	7. Name and A	ddress of New Re	gistered Agent		
SCOTT AI	LEN C. D II			Name					
727 SCALI				Street Address (P.O. Box Number is Not Acceptable)					
CAPE CAN	IAVERAL, FL 32920								
				City			FL Zip Code	,	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or reg	gistered agent, or both	, in the State of Flor	ida. I am familiar with,	and accept	
	ons of registered agent.		_		-				
SIGNATURE_			_						
Oldi William	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature re	equired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OFFI	CERS AND DIRECTORS	IN 11	
TITLE	ZCAL	☐ Delele	TITLE	1	D/C		X Change	☐ Addition	
NAME	ROSEN, JONATHAN		NAM	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	302 FIFTH AVE. NEW YORK, NY			-ST-ZIP				ļ	
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NAME	-· -						☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP		Andreigie	NAM. STRE	Ε			☐ Change	☐ Addilion	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #						
SIGNATURE: Drendo E. Nugen Brenda El Nugen	4-23-04	321-799-2860						
Originated by Ott and autoparation to the property of the prop								