2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90007 039 ***150.00

54010134

02162004 Chg-P CR2E034 (10/03)

DOCUMENT # P93000081792

1. Entity Name
SAURIAN COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
4555 PONCE DE LEON CORAL GABLES, FL 33146 US	4555 PONCE DE LEON CORAL GABLES, FL 33146 US

2. Principal Place of Business	3. Mailing Address
2950 SW 27 Ave	2950 SW 27 Ave
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
City & State Coconut Grove FL	City & State Coconut Grove FL
Zip 33133 Country US	Zip 33133 Country US

4. FEI Number 65-0473084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'FLAHERTY, I. ~~4555 PONCE DE LEON BLVD~~ ~~CORAL GABLES, FL 33146~~	Name Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27 Ave # 110 City Coconut Grove FL Zip Code 33133

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 I O'Flaherty
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'FLAHERTY, IAN ~~4555 PONCE DE LEON BLVD~~ ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'Flaherty, Ian 2950 SW 27 Ave #110 Coconut Grove FL 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAY, JOHN ~~4555 PONCE DE LEON BLVD~~ ~~CORAL GABLES, FL 33146~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jay, John 2950 SW 27 Ave #110 Coconut Grove FL 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: I O'Flaherty 2/16/04 305-461-4610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #