2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 14, 2004 8:00 am Secretary of State DOCUMENT # P94000045919 01-14-2004 90009 016 ***150 00 JDI VENTURES, INC. Principal Place of Business Mailing Address 3015 SHANNON LAKES NORTH, #304 3015 SHANNON LAKES NORTH, #304 TALLAHASSEE, FL 32309 44001777 TALLAHASSEE, FL 32309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3249658 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YEARTY, JAMES L Street Address (P.O. Box Number is Not Acceptable) 2831-YARMOUTH CT TALLAHASSEE, FL 32308 3015 Shannon Lakes North #304 22309 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. 1/12/04 SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) the prices \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10: OFFICERS AND DIRECTORS 11. TS TITLE Delete TITLE YEARTY, JAMES L NAME NAME 3015 Shannon Lakes North #304 Tallahassee, FL 32309 2831 YARMOUTH CT STREET ADDRESS STREET ADDRESS CITY - ST- ZIP TALLAHASSEE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition YEARTY, JOHN A NAME NAME 3015 Shannon Lakes North #304 STREET ADDRESS 4834 BALLYGAR DRIVE-STREET ADDRESS CITY-ST-ZIP TALLAHASSE, FL 32308 CITY-ST-ZIP Tallohaver FL 32309 TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(850) 668-95,8 x202