2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000087624

1. Entity Name WYLA, INC.

Principal Place of Business Mailing Add

6920 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256

Mailing Address

6920 PHILLIPS INDUSTRIAL BLVD IACKSONVILLE, FL 32256

FILED Feb 03, 2004 08:00 AM Secretary of State



01252004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3282661

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, W.R. 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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 sign | | | | rature 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 | | | U00000032820 02/05/04-80018-022 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BENIS, JOHN G 179 CHRISTOPHER ST NEW YORK, NY 10014 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP WALLS, CHARLENE 1257 CUNNINGHAM CREEK DR. JACKSONVILLE, FL 32259 | - | | | | |
| title. Name Street address City-St-ZIP | PD WIENER, JOSEPH 6 BROOKDALE LANE CHAPPAQUA, NY | | | DO NOT WRITE | | |
| ITTLE NAME STREET ADDRESS CITY-ST-ZEP | | | | IN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CRY-ST-ZEP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 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 eath, 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 mane appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered. | | | | | | |

Charlene W. Walls

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/03/2004

(904) 886-4338

Daytime Prione 4