
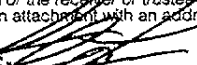


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000093927</b>		
1. Entity Name LGL ENTERPRISES, INC.		
Principal Place of Business 21301 POWERLINE RD SUITE 312 BOCA RATON, FL 33433 US		Mailing Address PO BOX 11229 KNOXVILLE, TN 37939 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WALTERS, CLIFFORD L 802 11 ST WEST TAMPA, FL 34205		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LEVIN, RICHARD 1733 WEST FLETCHER AVE. TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LEVIN, STEVEN 21301 POWERLINE ROAD STE. 312 BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST RICE, SUZANNE L 1733 W FLETCHER AVE TAMPA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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 recorder 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.		
<b>SIGNATURE:</b>  <b>Steven Levin, Vice President</b>		February 19 2004 (865) 584-4175
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3296617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**