


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90275 013 ***150.00

DOCUMENT # P95000043458	
1. Entity Name OSBORNE COMMUNICATIONS, INC.	

Principal Place of Business 14735 MANDARIN FOREST DR. JACKSONVILLE, FL 32223 US 122443 SAN JOSE BLVD SUITE 201	Mailing Address 11111-70 SAN JOSE BLVD. #295 JACKSONVILLE, FL 32223 US
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94034303

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04022004 Chg-P CR2E034 (10/03)

5. Name and Address of Current Registered Agent OSBORNE, MICHAEL S 11735 MANDARIN FOREST DR. JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12443 SAN JOSE BLVD SUITE 201 City JACKSONVILLE FL Zip Code 32223
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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 **MICHAEL S. OSBORNE** *[Signature]* **April 14 2004**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, MICHAEL S 11111-70 SAN JOSE BLVD 295 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T, P 12443 SAN JOSE BLVD #201 JACKSONVILLE FLORIDA 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **904 260 0037**
Signature and typed or printed name of signing officer or director Date Daytime Phone #