2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **ANNUAL REPORT DOCUMENT # P95000077053** JAN 14 AM 8: 35 1. Entity Name JAKS DISTRIBUTORS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3815 KINGS WAY 3815 KINGS WAY BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0618137 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STONE, KIM E Street Address (P.O. Box Number is Not Acceptable) 3815 KINGS WAY BOCA RATON; FL 33434 Zip Code FL 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. 800027770458 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title # applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STONE, JEFFREY NAME STREET ADDRESS STREET ADDRESS 3815 KINGS WAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33434 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STONE, KIM E NAME STREET ADDRESS 3815 KINGS WAY STREET ADDRESS BOCA RATON, FL 33434 CITY-ST-7IP C/TY-ST-7/P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TS Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE 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

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Daytime Phone #

FEI Number





Division of Corporations

Annual Report

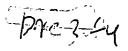
Page 1

Document Number
P95000077053
Business Entity Name
JAKS DISTRIBUTORS, INC.

650618137

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If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.





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Document Number
P95000077053
Business Entity Name
JAKS DISTRIBUTORS, INC.

Election Campaign Financing Trust Fund Contribution

Yes

No

Officer/Director Name And Address

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