

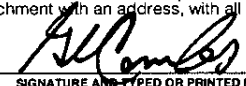


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90177 008 \*\*\*150.00

<b>DOCUMENT # P95000085418</b> 1. Entity Name <b>K. SOUTH, INC.</b>					
Principal Place of Business <b>7000 WEST PALMETTO PARK ROAD SUITE #408 BOCA RATON, FL 33433</b>			Mailing Address <b>7000 WEST PALMETTO PARK ROAD SUITE #408 BOCA RATON, FL 33433</b>		
2. Principal Place of Business <b>7000 West Palmetto Park Rd.</b>		3. Mailing Address <b>7000 West Palmetto Park Rd.</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">24071333</div>  <div style="margin-top: 10px;">             01082004    Chg-P    CR2E034 (10/03) </div>	
Suite, Apt. #, etc. <b>Suite 203</b>		Suite, Apt. #, etc. <b>Suite 203</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>			
Zip <b>33433</b>	Country <b>USA</b>	Zip <b>33433</b>	Country <b>USA</b>		
4. FEI Number <b>65-0619827</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KONOVER, SIMON 7000 WEST PALMETTO PARK RD., SUITE #408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Rd., Ste. 203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS ASHENFELTER, MARIA 7000 WEST PALMETTO PARK RD., SUITE #408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Rd., Ste. 203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO COMBS, GREGORY V 7000 WEST PALMETTO PARK RD., SUITE #408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Executive Vice President, COO 7000 West Palmetto Park Rd., Ste. 203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRRIONE, KRISTEN 7000 WEST PALMETTO PARK RD., SUITE #408 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Rd., Ste. 203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JANIAK, SUSAN A 342 N. MAIN ST., STE. 200 WEST HARTFORD, CT 06117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COMBS, GREGORY V 7000 WEST PALMETTO PARK RD, STE #408 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			Gregory V. Combs Executive Vice President, COO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		