2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # P96000000769 1. Entity Name TOWER MARKETING & ADVERTISING, INC. Principal Place of Business Mailing Address **6769 KRAMER LANE 6769 KRAMER LANE** LAKE WORTH, FL 33461 US LAKE WORTH, FL 33461 US CR2E034 (10/03) 04192004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0641247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VOGEL, HERBERT DO NOT WRITE 6769 KRAMER LANE LAKE WORTH, FL 33467 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTS TITLE GOLDSTEIN, LAURA NAME STREET ADDRESS 45 EAST END AVENUE CITY-ST-ZIP NEW YORK, NY 10028 U00000126881 04/23/04-80051-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE DIY-ST-ZP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 oalt; 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 attachinego with an address, with pill office this empowered.

SIGNATURE:

TITLE
NAME
STREET AUDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR

4/19/04 917-689-6804

FILED