

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010024

Entity Name: AIPS LICENSING, INC.

FILED  
Jan 31, 2005  
Secretary of State

## Current Principal Place of Business:

20801 BISCAYNE BLVD.  
SUITE 304  
AVENTURA, FL 331801422

## New Principal Place of Business:

## Current Mailing Address:

20801 BISCAYNE BLVD.  
SUITE 304  
AVENTURA, FL 331801422

## New Mailing Address:

FEI Number: 65-0641251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SASLAW, GARY R  
20801 BISCAYNE BLVD.  
SUITE 304  
AVENTURA, FL 331801422 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCST ( ) Delete  
Name: PREMIER, HOWARD  
Address: 12000 BISCAYNE BOULEVARD, SUITE 705  
City-St-Zip: NORTH MIAMI, FL 33181

Title: DV ( ) Delete  
Name: SASLAW, GARY R  
Address: 20801 BISCAYNE BLVD., SUITE 304  
City-St-Zip: AVENUTRA, FL 331801422

Title: P (X) Delete  
Name: HUFFMAN, CHRISTOPHER O  
Address: 12000 BISCAYNE BOULEVARD, SUITE 705  
City-St-Zip: NORTH MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOFFHEIMER, JAMES  
Address: 12000 BISCAYNE BOULEVARD, SUITE 705  
City-St-Zip: NORTH MIAMI, FL 33181

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYMM ABRAHAMSON

CFO

01/31/2005

Electronic Signature of Signing Officer or Director

Date