2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State
04.05.0004.00000.005.****1.50.00

DOCUMENT # P96000014379 04-05-2004 90032 025 ***150.00 1. Entity Name WEA EQUITY CORP. 44024226 Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD SUITE 100E SUITE 100E BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0659950 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENFIELD, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431 City 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete TITLE Change Addition GREENFIELD, WILLIAM R NAME NAME STREET ADDRESS 2300 GLADES ROAD, SUITE 100E STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZiP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete П Сћапое Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete Change ☐ Addition 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 changed, or on an attachme

SIGNATURE:

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INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

William R. Greenfield

3/15/04

561-392-6662

Daytime Phone #