

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000069342

1. Entity Name
BRAIN DAMAGE PUBLICATIONS, INC.



Principal Place of Business
**1050 NW 23RD PLACE
POMPAÑO BEACH, FL 33064**

Mailing Address
**P O BOX 21124
FORT LAUDERDALE, FL 33335**



01312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-0699458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURGESS, MICHAEL S
1050 NW 23RD PLACE
LAKE PARK, FL 33403**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000089576
03/15/04-80097-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BURGESS, MICHAEL S
1050 NE 23RD PLACE
POMPAÑO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

Michael S. Burgess, Michael S. Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/04
Date

954-946-7960
Daytime Phone #