


2004 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90017 002 ***158.75

DOCUMENT # P96000078654 1. Entity Name NO SHORT SHRIFT, INC.																										
Principal Place of Business 13022 RIVERSIDE DRIVE #8 SHERMAN OAKS CA 91423 US		Mailing Address 13022 RIVERSIDE DRIVE #8 SHERMAN OAKS CA 91423 US																								
2. Principal Place of Business 13022 RIVERSIDE DRIVE Suite, Apt. #, etc. #7	3. Mailing Address 13022 RIVERSIDE DR. Suite, Apt. #, etc. #7																									
City & State SHERMAN OAKS, CA Zip 91423 Country USA	City & State SHERMAN OAKS CA Zip 91423 Country USA																									
4. FEI Number 65-0700285		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent MERLES, DAVID 161 SW 6TH TERRACE BOCA RATON FL 33486																										
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 <u><i>James J. Shurt</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PTSD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHUBERT, JAMES F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13022 RIVERSIE DRIVE, #87</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHERMAN OAKS CA 91423</td> <td></td> </tr> </table>		TITLE	PTSD	<input type="checkbox"/> Delete	NAME	SHUBERT, JAMES F		STREET ADDRESS	13022 RIVERSIE DRIVE, #87		CITY-ST-ZIP	SHERMAN OAKS CA 91423		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: *James J. Shurt* **1/31/2004** **818-990-7316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #