21,04 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2004 08:00 AM Secretary of State **DOCUMENT # P96000079436** WEB PRODUCTS, INC. Principal Place of Business Mailing Address 2339 TAFT STREET HOLLYWOOD FL 33020 2339 TAFT STREET HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0706352 Not Applicable Zip Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERNSTEIN, WAYNE Street Address (P.O. Box Number is Not Acceptable) 2339 TAFT STREET HOLLYWOOD FL 33020 Zip Code City FI 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 (NOTE Registered Agent signature required when roinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change Addition TITLE BERNSTEIN, WAYNE E NAME NAME U00000066981 2339 TAFT STREET STREET ADDRESS STREET ADDRESS 02/26/04-80037-023 150.00 HOLLYWOOD FL 33020 City - ST- 7/P CITY ST- ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STRFFT ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TIFLE ☐ Delete TITLE Addition 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 attachment with an address, with all other like empowered.

FILED

FEBRUARY 247, 2004