2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P97000016368 1. Entity Name EDB CORP.					Parameter Communication Commun	Apr 15, 2004 08:00 AM Secretary of State	
Principal Place of Business . Mailing Address					1		
3400 NE 34TH STREET	3400 NE 34TH STREET		description				
#101 FT LAUDERDALE FL 33308 US		#101 FT LAUDERDALE FL 33308 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State		4. 8	FEI Number 65-0734430 Applied For Not Applied ble		
Z _i p Country		Zip Count		ntry	5. Certificate of Status Desired Security Securi		
6. Name and Address of Current Registered Agent				A1	7. }	Name and Address of New Registered Agent	
DUDOTEN PODEDT				Name		,	
BURSTEIN, R 3400 NE 34T #101			Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERI			City		Zin Code		
				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							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required which reinstating) DATE							
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. S5.00 May Be		
10.	OFFICERS AND	1	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	OF TOLING AIRD	Delete	TITE	E		☐ Change ☐ Addition	
NAME BURSTEIN, ROBERT		NAME Stre				U00000114754	
STREET ADDRESS 3400 NE 34TH STREET #101				LET ADDRESS	04/15/04-80063-010 150.00		
CITY-ST-ZIP FT. LAUDERDALE FL 33308				-S1-2iP			
TITLE		☐ Delete	1115	Į.		☐ Change ☐ Addition	
NAME STREET AODRESS	- i		NAN Stri		ET ADORESS		
CITY-ST-ZIP				-ST-ZIP			
TITLE	☐ Delete	सार	Ę		Change Addition		
NAME		MAN					
STREET ADDRESS CITY - ST - ZIP			STREE		5		
			_	- ST-ZIP		TT Change TT Addition	
TITLE NAME		☐ Delete	TITE NAM	3		☐ Change ☐ Addition	
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CITY: ST-ZIP			CILA	-ST-ZiP		•	
MATE		☐ Delete	TITE	3		Change 🔲 Addition	
NAME			NAM	- 1			
STREET ADDRESS CITY-ST-ZIP			4	FET ADORESS '- ST - ZIP			
TITLE		☐ Delete	THE			☐ Change ☐ Addition	
			NAM	1			
STREET ADDRESS			-	EET ADDRESS			
CITY-ST-ZIP				-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