2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P97000022216** 04-28-2004 90278 037 ***150.00 MIDNIGHT NEWS, INC. Principal Place of Business Mailing Address ~ * ^ * ^ * ^ * * 410 N ORANGE BLSM TR UNIT 139 410 N ORANGE BLSM TR UNIT 139 ORLANDO, FL 32805 ORLANDO, FL 32805 1604 N.E. 475 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 59-3433360 Not Applicable 7ip Country \$8.75 Additional 5. Certificate of Status Desired 060 Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent KAY, RODNEY L 410 N ORANGE BLSM TR UNIT 139 Street Address (P.O. Box Number & Not Acceptable) ORLANDO, FL 32805 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIF 10. OFFICERS AND DIRECTORS 11. CTORS IN 11 Change ☐ Detete TIT) F KAY, RODINGY C ST 1604 N. 6 415 ST KAY, RODNEY L NAME NAME STREET ADDRESS 10300 SLEEPY BROOK WAY STREET ADDRESS CITY-ST-7IP CITY-ST-JIP BOCA RATON, FL 33428 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AUDINSSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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 attachment with an address, with all other like empowered. SIGNATURE:

FILED