

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046759

FILED
Apr 26, 2004
Secretary of State

Entity Name: ADULT AGE VERIFICATION SERVICES, INC.

Current Principal Place of Business:

545 MADISON AVE
SUITE 600
POMPANO BEACH, FL 10022

New Principal Place of Business:

545 MADISON AVE
SUITE 600
NEW YORK, NY 10022

Current Mailing Address:

545 MADISON AVENUE
6TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 65-0756169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCUS, BERNARD M
6044 ROSSMOOR LAKES COURT
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MARCUS, BERNARD M
Address: 2851 HAMMONDVILLE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: OTTAVIANO, ANTHONY
Address: 545 MADISON AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: T () Delete
Name: CICCORICCO, MICHAEL
Address: 545 MADISON AVENUE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MARCUS, BERNARD M
Address: 6044 ROSSMOOR LAKES COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY OTTAVIANO

S

04/26/2004

Electronic Signature of Signing Officer or Director

Date