


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000054991</b> 1. Entity Name SAVANNAH MGP CORP.	
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Principal Place of Business C/O NORMAN G ORODENKER 10 WEYBOSSET ST. -10TH FLR PROVIDENCE, RI 02903-2818	Mailing Address C/O NORMAN G ORODENKER 10 WEYBOSSET ST. -10TH FLR PROVIDENCE, RI 02903-2818
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<b>DO NOT WRITE IN THIS SPACE</b>
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4009154	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131-2336
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, DANIEL ONE KENNEY DR CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, DANIEL ONE KENNEY DR CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DOUGLAS ONE KENNEY DR CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORODENKER, NORMAN G 10 WEYBOSSET ST -10TH FLR PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRETTER, BERNHARD 115 CONSTITUTION BLVD FRANKLIN, MA 02038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORETSKY, JOEL 405 LEXINGTON AVE NEW YORK, NY 10174

<p>U000000013518 01/26/04-80056-024 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b>  1/12/04	Date	401-456-1333	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			