

CITY-ST-ZIP

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90242 025 ***150.00 DOCUMENT # P97000062487 1. Entity Name 120 NORTH ORANGE, INC. Principal Place of Business Mailing Address 54030343 1 SOUTH ORANGE AVE 1 SOUTH ORANGE AVE SUITE 304 SUITE 304 ORLANDO, FL 32801 ORLANDO, FL 32801 02122004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3461752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEJAME, MARK E DO NOT WRITE 1 SOUTH ORANGE AVE SUITE 304 IN THIS SPACE ORLANDO, FL 32801 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 when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NEJAME, MARK NAME 1 SOUTH ORANGE AVE, SUITE 304 STREET ADDRESS ORLANDO, FL 32801 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED