2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2004 8:00 am DOCUMENT # P97000065554 **Secretary of State** 1. Entity Name 03-29-2004 90027 007 ***150.00 CONTEMPORARY SERVICES CORPORATION Principal Place of Business Mailing Address 12058 MIRAMAR PARKWAY 12058 MIRAMAR PARKWAY **D4U23444** MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 E. 6TH AVE TALLAHASSEE FL 32303 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 11. TITLE PRESIDENT ☐ Delete TITLE Addition DAMON ZUMWACT MOI SUPERIUL ST NAME ZUMWALT, DAMON NAME 17101 SUPERIOR ST. STREET ADDRESS STREET ADDRESS MORTHRIDGE (4 91315 CITY-ST-ZIP NORTHRIDGE CA 91325 CITY-ST-ZIP TITLE ☐ Delete TITLE VILEPRESIDENT/TREATUREN Addition ☐ Change KRANSKE, PETER C NAME SIFTER KRANIKE STREET ADDRESS 4131 HARBORWALK DRIVE STREET ADDRESS 131 HARBORWALL CITY-ST-ZIP FT. COLLINS CO 80525 CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED