

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082347

FILED
Jan 22, 2004
Secretary of State

Entity Name: CLASSIC DESIGNS OF PALM BEACH, INC.

Current Principal Place of Business:

78059 115 19 N
STE 300
CLEARWATER, FL 33761

New Principal Place of Business:

5601 MARINER STREET
SUITE 200
TAMPA, FL 33609 US

Current Mailing Address:

78059 115 19 N
STE 300
CLEARWATER, FL 33761

New Mailing Address:

5601 MARINER STREET
SUITE 200
TAMPA, FL 33609 US

FEI Number: 65-0791786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAXSON, LOWELL
28059 US 19 N STE 300
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

PAXSON, LOWELL
C/O BRIAN BUREK, 5601 MARINER STREET
SUITE 200
TAMPA, FL 33609 US

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:

01/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PAXSON, LOWELL W
Address: 780 S OCEAN BLVD
City-St-Zip: PALM BCH, FL 33480

Title: PD () Delete
Name: PAXSON, MARLA
Address: 780 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: PAXSON, LOWELL W
Address: 245 BRAZILIAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: PD (X) Change () Addition
Name: PAXSON, MARLA
Address: 245 BRAZILIAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

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: LOWELL W. PAXSON

STD

01/22/2004

Electronic Signature of Signing Officer or Director

Date