2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

Mar 11, 2004 08:00 AM Secretary of State DOCUMENT # P98000021482 1. Entity Name JSN, INC. Principal Place of Business Mailing Address 2650 NW 40 ST 2650 NW 40 ST BOCA RATON, FL 33434 BOCA RATON, FL 33434 03052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0821894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent NORTHROP, JEFF S DO NOT WRITE 2650 NW 40 ST BOCA RATON, FL 33434 IN THIS SPACE 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 tria if applicable. (NCTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000084843 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIBE NAME NORTHROP, JEFF S STREET ADDRESS 2650 NW 40 ST CITY-ST-ZIP BOCA RATON, FL 33434 TITLE MAAR STREET ADDRESS CITY -51-70 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED