2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 21, 2005 08:00 AM DOCUMENT # P98000034935 1. Entity Name **Secretary of State** 1-800-4-TRADEMARK, INC. Principal Place of Business Mailing Address 1000 WEST AVENUE 1000 WEST AVENUE SUITE 1114 MIAMI BEACH FL 33139 SUITE 1114 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0827661 Not Applicable Zip Country 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 MORRIS, RICHARD L JR Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVENUE #1114 MIAMI BEACH FL 33139 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 Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE n Delete LILE ☐ Change Addition MORRIS, RICHARD L JR NAME мамя 1000 WEST AVENUE # 1114 STREET ADDRESS CHEELAD CITY-ST-ZIP MIAMI BEACH FL 33139 CHY-St. TITLE Delete HILE ☐ Change Addition U00000187969 NAME NAME 01/24/05-80038-005 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete î î î î ☐ Change Addition NAME STREET ADDRESS STHEFT ADDRESS CITY-ST-7/P CHY-ST-ZIP TITLE misChange Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete JIJI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP mile Delete TULF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST - ZIP

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

ard L. Morris JR

her like empowered

of the corporation or the receiver or trusted empowers changed, or on an attachment will an address, with a

SIGNATURE: