2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)					FILED	
DOCUMENT # P99000033408 1. Entity Name				Jan 29, 2004 08:00 AM Secretary of State		
WOODCAST, INC.						
e de la companya de l						
Principal Place of Business Mailing Address						
17024 TRAVERSE CIRCLE 17024 TRAVE JUPITER FL 33477 JUPITER FL 3			CLE			
						3855 88581 18110W1 17 1885
2. Principal Place of Business 3. Mailing Address						
Suite st. #, etc. ,		Suite, Apt. // Aetc.				# ## # # #
64.11/		Lowe			MOORE CR2E034 (11/03)	
City & 40.4		City & State			4. FE) Number 65-0909258	Applied For Not Applicable
Zip U	Country	Zip	Country			.75 Additional
<u> </u>	6. Name and Address of Current Registered Agent			T	7. Name and Address of New Registered Ager	Required
D. Hamse and Madrees of Statement Agent				Name	7. Hame and Address of Relatives and Address of Page.	
EVA	ANS, THOMAS H JR 124 TRAVERSE CIRCLE	Street Address (Street Address ((P.O. Box Number is Not Acceptable)	
JUF					<u> </u>	
				City	FL	Z _Q Code
8 The above	named entity sugmits this statement to	or the ourgose of changing its	s register	ed office or registe		liar with, and accept
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 refinability) DATE						
FILE NOW!!! FEE IS \$150.00						
After May 1, 2004 Fee will be \$550.00 \$ Trust Fund Contribution.						
	k Payable to Florida Department of	S 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			ADDITIONS/CHANGES TO OFFICERS AND DIF	. –
IIILE	OFFICERS AND	Delete	11. BIL			Change Addition
NAME			NAM	-		7 7
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CITY-ST-ZIP	Market and a second sec	MAN 694 4 4 47 *		r-ST-ZIP	color 110 07(2)(3) Stalle Color 1 15 above 15	that the information
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 it am an officer or director of the corporation or the repertier or trustee empowered to execute this report as required by Chapter 607, Plorida Statutes, and that my name appears in Block 10 or Block 11 if						
changed, or on an attaching by with an address, with all other like empowered.						
SIGNAT	rure: W.C.				<u> </u>	
ł	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICE	r or direc	ROT	Date Daytim	e Phone #