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Secretary of State

01-25-2005 90029 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

40005425

01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000037286

1. Entity Name
PUTNAM, INC.

Principal Place of Business	Mailing Address
418 N.E. 5TH STREET FT LAUDERDALE, FL 33301	PO BOX 030399 FT LAUDERDALE, FL 33303

2. Principal Place of Business		3. Mailing Address	
441 N. E. 4th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Fort Lauderdale Florida		City & State	
Zip: 33301	Country: Broward	Zip	Country

4. FEI Number: 65-0989585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELDMAN, PETER M 418 N.E. 5TH STREET FT LAUDERDALE, FL 33307	Name: Street Address (P.O. Box Number is Not Acceptable): 441 N. E. 4th Avenue City: FL 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, CECILE 418 N.E. 5TH STREET FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	441 N. E. 4th Avenue	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, PETER 418 N.E. 5TH STREET FT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	441 N. E. 4th Avenue	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] Peter M. Feldman President — 1/18/2005 — 954-523-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #