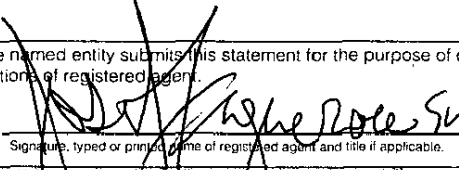


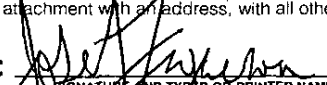
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90732 007 ***150.00

DOCUMENT # P99000061390 1. Entity Name TWIN CAST ENTERPRISES, INC.			
Principal Place of Business 208 N E 1ST AVENUE HALLANDALE FL 33009		Mailing Address 208 N E 1ST AVENUE HALLANDALE FL 33009	
2. Principal Place of Business 5800 HOLLYWOOD BLVD		3. Mailing Address 5800 HOLLYWOOD BLVD	
Suite, Apt. #, etc. BOOTH # 6061		Suite, Apt. #, etc. BOOTH # 6061	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33021		Zip 33021	
Country USA		Country USA	
6. Name and Address of Current Registered Agent FIGUEROA, JOSE 208 N E 1ST AVENUE HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: 4-15-04 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 P	☐ Delete		
NAME FIGUEROA, JOSE	☐ Change ☐ Addition		
STREET ADDRESS 208 NE 1ST AVE	STREET ADDRESS		
CITY-ST-ZIP HALLANDALE FL 33009	CITY-ST-ZIP		
5800 HOLLYWOOD BLVD BOOTH # 6060 HOLLYWOOD FL 33021			
TITLE ☐ Delete			
NAME ☐ Change ☐ Addition			
STREET ADDRESS ☐ Change ☐ Addition			
CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE ☐ Delete			
NAME ☐ Change ☐ Addition			
STREET ADDRESS ☐ Change ☐ Addition			
CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE ☐ Delete			
NAME ☐ Change ☐ Addition			
STREET ADDRESS ☐ Change ☐ Addition			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

4-15-04