


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90316 032 \*\*\*150.00

<b>DOCUMENT # P99000061804</b> 1. Entity Name <b>GRAPEVINE COMMUNICATIONS INTERNATIONAL, INC.</b>					
Principal Place of Business <b>7680 MATOAKA ROAD 2ND FLOOR SARASOTA, FL 34243</b>			Mailing Address <b>7680 MATOAKA ROAD 2ND FLOOR SARASOTA, FL 34243</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>8103 CHAMPIONSHIP CT</b> Suite, Apt. #, etc.			
City & State		City & State <b>BRADENTON FL</b>		4. FEI Number <b>59-3601617</b>	
Zip <b>34202</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MASSARO-FAIN, ANGELA 300 SOUTH ORANGE AVENUE SUITE 100 ORLANDO, FL 32801-3373</b>				7. Name and Address of New Registered Agent Name <b>MASSARO-FAIN, ANGELA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8103 CHAMPIONSHIP CT</b> City <b>BRADENTON</b> FL Zip Code <b>34202</b>	
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 <u><i>Angela Massaro-Fain</i></u> DATE <b>4/27/04</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MASSARO-FAIN, ANGELA 8103 CHAMPIONSHIP COURT BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MASSARO-FAIN, ANGELA 8103 CHAMPIONSHIP COURT BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAIN, JOHN 8103 CHAMPIONSHIP CT BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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: <u><i>John Fain</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/27/04</b> Daytime Phone # <b>941-851-0024</b>		