2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2004 08:00 AM Secretary of State DOCUMENT # P99000070594 MILLENIUM VENTURE MANAGEMENT, INC. OF SOUTH **FLORIDA** Principal Place of Business Mailing Address PO BOX 825421 2246 SW 164 AVE S FLORIDA, FL 33082 MIRAMAR, FL 33027 US No Cha-P CR2E034 (10/03) 01302004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0941509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOBELI, MURRAY J DO NOT WRITE 2246 SW 164 AVE MIRAMAR, FL 33027 IN THIS SPACE 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 reinstaling) 9. Election Campaign Financing **\$5.00** May Be U00000060118 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/23/04-80026-024 150.00 OFFICERS AND DIRECTORS 10. PTD TITLE GOBELI, MURRAY J NAME 2246 SW 164 AVE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

thes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information abcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the empowered. 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attac

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED