fix upt of State
FILED Jul 19, 2004 08:00 AM Secretary of State

## \*\*\* 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P99000076158 SUNSET ADVERTISING DISTRIBUTORS, INC.

Principal Place of Business

938 FAY AVE. LARGO, FL 33771 Mailing Address 938 FAY AVE. LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3598121

Applied For Not Applicable

7274/06/12

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SHIFLETT, LEO A

SIGNATURE: .

## DO NOT WRITE

938 FAY AVE. LARGO, FL 33771			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, typod or printed name of registered agent and fulle if applicable (NOTE Registered Agent signature required when reinstating) "OATE"					
FILE NOW!!! FEE IS \$150.00 Due by September B, 2004		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE DPST SHIFLETT, LEO A 938 FAY AVE. LARGO, FL 33771	CIONS		000000167112 07/19/04-80011-017 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZEP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZEP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that of 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 agreequired by Chapter 807, 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.					