
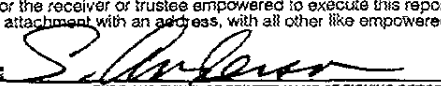


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # P99000079122 1. Entity Name BOARDMAN COMMUNICATION STRATEGIES, INC. | |  |
| Principal Place of Business P.O. BOX 2242 TAMPA, FL 33601-2242 | Mailing Address P.O. BOX 2242 TAMPA, FL 33601-2242 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent ANDERSON, E 1510 SOUTH MACDILL TAMPA, FL 33629 | | DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000124449 04/22/04-80046-002 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ANDERSON, E P.O. BOX 2242 TAMPA, FL 336012242 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ANDERSON, S P.O. BOX 2242 TAMPA, FL 336012242 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD CARTER, B P.O. BOX 2242 TAMPA, FL 336012242 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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:  S. Anderson | | Date 4-20-04 Daytime Phone # (813) 314-6701 |