
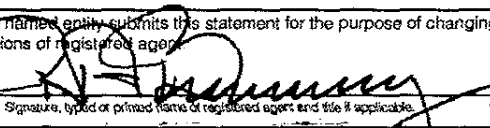
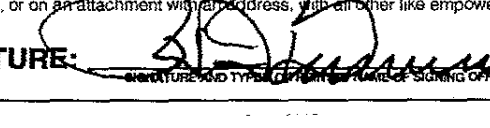


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT #P99000084149 1. Entity Name ARTISTS SERVICES, INC		
Principal Place of Business 8390 ULMERTON RD SUITE 210 LARGO, FL 33771		Mailing Address PO BOX 10212 LARGO, FL 33773
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUENING, RONALD A 8300 ULMERTON RD., SUITE 122 LARGO, FL 33771		
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 4/20/04 <small>(NOTE: Registered Agent signature required when reinstating)</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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUENING, RONALD A 8300 ULMERTON ROAD SUITE 122 LARGO, FL 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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  DATE 4/20/04 <small>SIGNATURE AND TYPE OF OFFICER OR NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3605165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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04/29/04-80158-009 150.00

**DO NOT WRITE
IN THIS SPACE**