2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM DOGUMENT # P99000093901 Secretary of State 1. Entity Name JANE WEINER RDH BOARD REVIEWS, INC. Principal Place of Business Mailing Address 7304 N.W. 58TH COURT TAMARAC FL 33321 7304 N.W. 58TH COURT TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0964196 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, ARTHUR J Street Address (P.O. Box Number is Not Acceptable) 2825 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 City Zip Code 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 Sgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete BILE Change Addition U00000015762 01/28/04-80025-021 158.75 NAME WEINER, JANE NAME STREET ADDRESS 7304 N.W. 58TH SOURT STREET ADDRESS TAMARAC FL 33321 CITY - ST - ZIP CITY-ST-ZIP me ☐ Delete mr Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY+ST-7/2 TITLE ☐ Delete 51755 Change Addition NAVE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HIKE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP THEE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

FILED

SIGNATURE: The Weener 9547229745 Jane Weiner

changed, or on an attachment with an address, with all other like empowered.