2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

04 JAN -9 PM 1:02 DOCUMENT # S11054 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA RED BOX ADVISORS CORP. Principal Place of Business Mailing Address % ARTHUR COODMAN %ARTHURGOODMAN 12865 PONDATTLE DRIVE EAST 12855 PONDATTLEDTIVE EAST NAFLES RL 34119-8561 NALES IL 34119-8561 No Cha-P CR2E034 (10/03) 01072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0227542 Not Applicable \$8.75 Additional and have the company of the control 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GOODMAN, ARTHUR 12855 POND APPLE DRIVE EAST NAPLES, FL 34119-8561 INTHIS 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 医二克斯氏试验检二氏性神经病 法政治处理的证据 化工程电流线 化双压压法 电超级电流管 经证据证证证 经分配法 使分裂 医外腺炎 化丁烷二烷甲烷 OFFICERS AND DIRECTORS 10. TITLE NAME GOODMAN, LOIS 12855 POND APPLE DRIVE EAST STREET ADDRESS NAPLES, FL 341198561 CITY-ST-ZIP 900026599299 /----01/09/04-01035-013-**150:00-TITLE NAME STREET ADDRESS CITY-ST-ZIP alang ito process and an experimental and action of the contract of the contract of the contract of the contract of TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP ---INTHIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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.

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