


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S17259 1. Entity Name AMISUB (FLORIDA VENTURES), INC.						FILED 04 MAR -3 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3820 STATE STREET C/O MARYMORRIS Sherrie Smith SANTA BARBARA, CA 93105 US				Mailing Address 3820 STATE STREET C/O MARYMORRIS Sherrie Smith SANTA BARBARA, CA 93105 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 01052004 Chg-P CR2E034 (10/03) 76-0325090				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SILVER, RICHARD B <input checked="" type="checkbox"/> Delete 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caitlin M. Larsen 3820 State Street Santa Barbara, CA 93105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIGMAN, DONALD S <input type="checkbox"/> Delete 500 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900029821989 03/03/04--01062--001 **17636.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENT, DENNIS L <input type="checkbox"/> Delete 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA, CA 93105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kristina A. Mack 3820 State Street Santa Barbara, CA 93105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Kristina A. Mack</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Kristina A. Mack Asst. Secretary			
Date <u>2/29/04</u>				Daytime Phone #			