

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90003 036 \*\*\*150.00

**DOCUMENT # S20265**

1. Entity Name  
**ELYSIAN LICENSING CORPORATION**



Principal Place of Business

**301 YAMATO ROAD  
STE 2215  
BOCA RATON, FL 33431 US**

Mailing Address

**301 YAMATO RD  
STE 2215  
BOCA RATON, FL 33431 US**

**44000665**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**2200**

Suite, Apt. #, etc.

**2200**

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0234438**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MERBAUM, NEAL  
301 YAMATO ROAD  
STE. 2200  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

**BRAICA, PAUL**

Street Address (P.O. Box Number is Not Acceptable)

**301 YAMATO ROAD,  
Suite 2200**

City

**BOCA RATON**

**FL**

Zip Code **33431**

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

*Paul Braica*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	HENRY, JOHN W	
STREET ADDRESS	301 YAMATO ROAD, SUITE 2200	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MERBAUM, NEAL	
STREET ADDRESS	301 YAMATO RD, STE. 2215	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAICA, PAUL	
STREET ADDRESS	301 YAMATO ROAD STE 2200	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Paul Braica*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-04**

Date

**361-972-0825**

Daytime Phone #