

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52906

FILED
Jan 21, 2004
Secretary of State

Entity Name: VENAD MANAGEMENT, INC.

Current Principal Place of Business:

C/O FREDERICK R. ADLER
1520 SOUTH OCEAN BLVD
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

C/O FREDERICK R. ADLER
1520 SOUTH OCEAN BLVD.
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 13-2930979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, FREDERICK R.
1520 SOUTH OCEAN BLVD
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADLER, FREDERICK R.,
Address: 1520 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: V () Delete
Name: CHAPMAN, PHILIP R.
Address: 645 MARISON AVENUE 14TH
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: NICKSE, JAY S.
Address: 645 MADISON AVE 14TH
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CHAPMAN, PHILIP R.
Address: 750 LEXINGTON AVENUE 18TH FL
City-St-Zip: NEW YORK, NY 10022

Title: S (X) Change () Addition
Name: NICKSE, JAY S.
Address: 750 LEXINGTON AVENUE 18TH FL
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY S NICKSE

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01/21/2004

Electronic Signature of Signing Officer or Director

Date