


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # S83429
 1. Entity Name
THE BROADCAST ARTS GROUP, INC.



Principal Place of Business Mailing Address
**3191 SW 11ST ST.
 BUILDING 400
 DEERFIELD BEACH FL 33442
 US** **3191 SW 11ST ST.
 BUILDING 400
 DEERFIELD BEACH FL 33442
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For

65-0294454

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, DEREK
 3191 SW 11TH ST
 BLDG #400
 DEERFIELD BEACH FL 33442**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
DPT
SCHWARTZ, DEREK
 STREET ADDRESS **3191 SW 11TH ST BLDG #400**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE NAME Change Addition
U00000028795
02/04/04-80041-001 158.75

TITLE NAME Delete
DVS
MILLER, JOHN E
 STREET ADDRESS **3191 SW 11TH ST BLDG #400**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an officer like empowered.

SIGNATURE:  **John E. Miller V.P. 1-27-04 (954) 480-9602**