2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# V03256

Entity Name: TIME OUT SYSTEMS, INC.

Current Principal Place of Business:

4480 RIVERSIDE DRIVE
#12
MACON, GA 312101386

New Principal Place of Business:

Current Mailing Address:

4480 RIVERSIDE DRIVE
#12
MACON, GA 312101386

New Mailing Address:

FEI Number: 59-3102954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEBLANC, COLLEEN M
1607 SOUTHCREST CT
BRANDON, FL 33510 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: DP ( ) Delete
Name: LEBLANC, COLLEEN M
Address: 1607 SOUTHCREST CT
City-St-Zip: BRANDON, FL 33550

Title: T ( ) Delete
Name: LEBLANC, TIM D
Address: 4480 RIVERSIDE DR, STE.12
City-St-Zip: MACON, GA 312101386

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TIM LEBLANC T 01/06/2004

Electronic Signature of Signing Officer or Director — Date