## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-SY-ZIP

SIGNATURE:

## Feb 02, 2004 08:00 AM **Secretary of State** DOCUMENT # V18100 JHJ COMMUNICATIONS, INC. Principal Place of Business Mailing Address 149 FAIRWAY POINTE CR 149 FAIRWAY POINTE CR ORLANDO, FL 32828 US ORLANDO, FL 32828 US CR2E034 (10/03) 01292004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHN H. JOLINSKI DO NOT WRITE 149 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little 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 \$5.00 May Be U00000031139 '04/04-80137-Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE JOLINSKI, JOHN H. NAME STREET ADDRESS 149 FAIRWAY POINTE CIR CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Jolinski

FILED