## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 13, 2004 8:00 am Secretary of State

DOCUMENT # V54231  1. Entity Name RIZZUTO REPORTING, INC.								05-13-200	)4 9000°	7 012 ***1	50.00
Principal Place of Business Mailing Address						<del></del>					
108 YOUNG AVENUE COCOA BEACH, FL 32931				108 YOUNG AVENUE COCOA BEACH, FL 32931					E(PI) B(B(  E(	1); P(0); 0 (0); 0)(0)	
2. Principal Place of Business			3.	Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			05042004	Chg-P	CR2E	034 (10/03)	
City & State				City & State			4. FEI Number 65-034!			$\vdash$	olied For Applicable
Ziρ				Zip	Coun	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Cu	rent Regi	stered Agent			7. Name and	Address of New R	egistered	Agent	
RIZZUTO, JEANNIE Spelling Correct - 108 YOUNG AVENUE COCOA BEACH, FL 32931							P.O. Box Number	Rizz er is Not Acceptable	uto "		
, e e						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 chligations of registered agent.											
SIGNATURE :: Signature, typed or printed name of registered agent and fills it applicable. (NOTE: Registered Agent eignature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Fin Due by September 8, 2004 Trust Fund Contribution							5.00 May Be Ided to Fees				
10. OFFICERS AND I				CTORS		ADDITIONS/	CHANGES TO OFF	ICERS ANI	DIRECTORS	IN 11	
THTLE  NAME  STREET ADDRESS'  CITY-SI-ZIP	:P RIZZUTO 108 YOU	), JEANNE C NG AVENUE BEACHGS, FL 329		☐ Delete		Ε .				☐ Change	Addition
TITLE NAME		, ,		☐ Delete	TITL	E (E			/200	Change	Addition
STREET ADDRESS CITY-ST-ZIP					•	EET ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Oclete					**	☐ Change	Addition
NAME STREET ADDRESS GITY-S1-ZIP				- Daleto						Ctange	Addition
THLE NAME STREET ADDRESS GHY-ST-ZIP				☐ Delete						Change .	Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP				☐ Delute	1					☐ Change	Addition
indicated of the cor	f on this reportion or I	ort or supplemental re the receiver or trustee	oort is true empowere	filing does not qualify to and accurate and that ad to execute this repor all other like empowered	my signa t as requi	emption stated in Stated in Stature shall have the ired by Chapter 6	Section 119.07(3)( e same legal effec 07, Florida Statute	i), Florida Statutes. t as if made under s; and that my nam	I further ce oath; that I e appears	rtify that the in am an officer in Block 10 or	formation or director Block 11 it

SIGNATURE: Glance CKing