2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90063 018 ***150.00

DOCUMENT # V55673

1. Entity Name
LSI HOLDINGS, INC.

Principal Place of Business
~~9350 SOUTH DIXIE HWY #1550~~
~~MIAMI, FL 33156 US~~

Mailing Address
~~9350 SOUTH DIXIE HWY #1550~~
~~MIAMI, FL 33156 US~~

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
C/O GARY D. LIPSON, AS RECEIVER		C/O GARY D. LIPSON, AS RECEIVER	
Suite, Apt. #, etc. P.O. BOX 566777		Suite, Apt. #, etc. P.O. BOX 566777	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33256	Country USA	Zip 33256	Country USA

4. FEI Number 62-1437188 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSON, GARY D.
~~9350 SOUTH DIXIE HWY #1550~~
~~MIAMI, FL 33156~~

7. Name and Address of New Registered Agent

Name GARY D. LIPSON
Street Address (P.O. Box Number is Not Acceptable) 914 MATANZAS AVE
City CORAL GABLES FL Zip Code 33146

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] AS RECEIVER GARY D. LIPSON, AS RECEIVER 1/15/04

Signature, typed or printed name of registered agent and title 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 Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	R ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIPSON, GARY D.	NAME	
STREET ADDRESS	~~9350 SOUTH DIXIE HWY #1550~~	STREET ADDRESS	914 MATANZAS AVE.
CITY-ST-ZIP	~~MIAMI, FL~~	CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: [signature] AS RECEIVER GARY D. LIPSON, AS RECEIVER 1/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #