2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2004 08:00 AM Secretary of State **DOCUMENT # V69756** FRANK J. VACANTI, INC. Principal Place of Business Mailing Address 3128 N. BLVD. 3128 N. BEVD. TAMPA, FL 33603-5542 US TAMPA, FL 33603-5542 No Chg-P CR2E034 (10/03) 03172004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3143666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VACANTI, FRANK J. DO NOT WRITE 3128 N BLVD TAMPA, FL 33603 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 title if applicable (NOTE: Registered Agent signature required when renstating) U00000094924 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing 03/24/04-80011-011 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TRLE VACANTI, FRANK J. NAME 3128 N BLVD STREET ADDRESS CHY-ST-ZIP TAMPA, AL 36603 3(3) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE T:TEE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 occiporation 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 attempting with an address, with all other like empowered.

SIGNATURE:

THE NAME STREET ADDRESS CITY-ST-ZIP

RIGHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

813-223-4633

FILED