2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P01000017056** 04-16-2004 90063 050 ***150.00 SANTA CRUZ COMMUNICATIONS, INC. Principal Place of Business Mailing Address 9861 SOUTHWEST 12TH TERRACE 9861 SOUTHWEST 12TH TERRACE MIAMI, FL 33174 MIAMI, FL 33174 04092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1077306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. **DO NOT WRITE** 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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 reinstating) 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May 8e Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME SANTA CRUZ, CLAUDIA E STREET ADDRESS 9861 SOUTHWEST 12TH TERRACE CITY-ST-ZIP MIAMI, FL 33174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TATLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP пπЕ NAME

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 attachmen

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP

RCEN OR DIRECTOR

FILED