## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F98000006608 1. Entity Name 33RD STREET BUFFER, INC. Principal Place of Business 3526 SPOTTSWOOD AVENUE MEMPHIS, TN 38111 DO NOT WRITE IN THIS SPACE O1052004 No Chg-

FILED
Jan 20, 2004 08:00 AM
Secretary of State



|          |          | <b>                                    </b> |  |
|----------|----------|---------------------------------------------|--|
| 01052004 | No Cha-P | CDSEGGY (40/03)                             |  |

4. FEI Number 62-1747241

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOTSON, ALBERT E JR 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131-2336

changed, or on an attachment,

**SIGNATURE** 

## DO NOT WRITE 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)  DATE                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                         |      |                                |                                          |  |
| FIL<br>After M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E NOWIII FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00                   | Election Campaign Financin     Trust Fund Contribution. | 'g . | \$5.00 May Be<br>Added to Fees |                                          |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OFFICERS AND DIREC                                                            | TORS                                                    |      |                                |                                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PC<br>SEELBINDER, OSCAR W JR<br>3526 SPOTTSWOOD AVENUE<br>MEMPHIS, TN 38111   |                                                         |      |                                |                                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>SKLAR, JERALD H<br>WARING COX, PLC/ 50 N. FRONT ST<br>MEMPHIS, TN 38103 | STE 1300                                                | · -  | 127.7                          | U0000007659<br>01/20/04-80033-013 158.75 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                         |      | DO                             | NOT WRITE                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                         |      | IN                             | THIS SPACE                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                         |      |                                |                                          |  |
| HTLE<br>NAME<br>STREET ADDRESS<br>CHY-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 of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |                                                                               |                                                         |      |                                |                                          |  |