2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L23944

1. Entity Name
AMERICAN MECHANICAL RIGHTS AGENCY, INC.

Principal Place of Business	Mailing Address
150 S. BARRINGTON AVE. SUITE #1 LOS ANGELES, CA 90049	150 S. BARRINGTON AVE. SUITE #1 LOS ANGELES, CA 90049

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0153729

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENTE, PATRICIA
1324 ROOSEVELT DR
VENICE, FL 34293

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 _____ U00000165934 07713A04-8000AE-008 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVIN, SINDEE
STREET ADDRESS	150 S. BARRINGTON AVE., #1
CITY-ST-ZIP	LOS ANGELES, CA 90049
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information s... 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 supplemen... 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 t... powered 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... with all other like empowered.

SIGNATURE: _____ 7/6/04 (310) 440-8778
SIGNATURE AN... PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #