


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000018360 1. Entity Name POWER STATION STUDIOS, INC.	
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Principal Place of Business 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984	Mailing Address 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984
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**DO NOT WRITE IN THIS SPACE**



03312005 No Cfig-P CR2E034 (10/03)

4. FEI Number 65-1081349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STINSON, LOUIS JR 4675 PONCE DE LEON BLVD STE 305 CORAL GABLES, FL 33146	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STINSON, LOUIS JR 2199 PONCE DE LEON BLVD STE 301 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SIMMONS, RONALD E 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONGIOVI, ANTHONY 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERGUSON, ANTHONY 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTERA, JOSEPH 649 SW WHITMORE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/05-80058-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.

SIGNATURE: Joseph G. Butera, Jr. 3/31/05 772-879-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #