


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90568 007 ***150.00

DOCUMENT # P03000006523

1. Entity Name
 DEEPLIGHT STUDIOS, INC.



Principal Place of Business Mailing Address

103 CENTURY 21 ~~BLVD~~ DRIVE 103 CENTURY 21 ~~BLVD~~ DRIVE
 #206 #206
 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

75-3095833 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARINUCCI, ANTHONY F
 9570 REGENCY SQUARE BOULEVARD
 JACKSONVILLE, FL 32225

No longer

7. Name and Address of New Registered Agent

Name JEFF RABIN

Street Address (P.O. Box Number is Not Acceptable)

103 CENTURY 21 DRIVE #206

City JACKSONVILLE FL Zip Code 32216

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: *Jeff Rabin* DATE: 4/28/05

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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Delete
NAME	RABIN, JEFF	
STREET ADDRESS	103 CENTURY 21 BLVD DRIVE, #206	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	<input checked="" type="checkbox"/> VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARDS, MICHAEL	
STREET ADDRESS	103 CENTURY 21 BLVD DRIVE, #206	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 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 an address, with all other like empowered.

SIGNATURE: *Jeff Rabin* DATE: 4/28/05 DAYTIME PHONE #: 904-721-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JEFF RABIN, PRESIDENT