2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P03000096061** 05-02-2005 90474 032 ***150.00 ZOETROPE PRODUCTIONS, INC. Principal Place of Business Mailing Address 15560 SONOMA DR P.O. BOX 08392 FT MYERS, FL 33908 FT MYERS, FL 33908 CR2E034 (10/03) 04082005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1069258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent NEU, RICHARD DO NOT WRITE 15560 SONOMA DR FT MYERS, FL 33908 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE:IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Ð TITLE NAME NEU, RICHARD STREET ADDRESS P.O. BOX 08392 CITY-ST-ZIP FT MYERS, FL 33908 TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED