

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000098087

FILED
Apr 30, 2004
Secretary of State

Entity Name: RPM PRODUCTIONS, INC.

Current Principal Place of Business:

2947 COLORADO AVE
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

2947 COLORADO AVE
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 59-3380610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHIE DEFILIPPO PARKS TSCHOPP & WHITCOMB
2600 MAITLAND CENTER PARKWAY
STE 330
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ABBOTT, BRUCE
Address: 339 DAYTONA AVE
City-St-Zip: HOLLY HILL, FL

Title: VD () Delete
Name: GLANER, STERLING
Address: 24 FULTON CT
City-St-Zip: PALM COAST, FL 32137

Title: VD () Delete
Name: WOOTTON, L. THOMAS
Address: 2610 NW 69TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: PAUL, DOUGLAS
Address: 6 PEPPER RD
City-St-Zip: TOWACO, NJ 07082

Title: D () Delete
Name: WOOTTON-MIKELL, LINELL
Address: 1820 VIA CONTESSA
City-St-Zip: WINTER PARK, FL 32789

Title: STD () Delete
Name: GLANER, KIM
Address: 2947 COLORADO AVE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM GLANER

STD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date