


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90022 027 \*\*\*158.75

<b>DOCUMENT # 235941</b> 1. Entity Name <b>BRYN-ALAN STUDIOS INC</b>					
Principal Place of Business <b>606 W. KENNEDY BLVD TAMPA, FL 33606 US</b>			Mailing Address <b>606 W. KENNEDY BLVD TAMPA, FL 33606 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-0889302</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			04122004 Chg-P CR2E034 (10/03)		
<b>6. Name and Address of Current Registered Agent</b> <del>STOELTZING, WM. L. 606 W. KENNEDY BLVD TAMPA, FL 33606</del>			<b>7. Name and Address of New Registered Agent</b> Name <b>Cecille S. Parido</b> Street Address (P.O. Box Number is Not Acceptable) <b>606 W. Kennedy Blvd.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33606</b>		
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 <i>Cecille Parido</i> <b>V,S,T</b> <i>Cecille Parido</i> <b>4-12-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT STOELTZING, WM. L. 4932 LYFORD CAY RD TAMPA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOELTZING, ELVIRA 4932 LYFORD CAY RD TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARIDO, CECILLE S. 4906 NEW PROVIDENCE AVE. TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARIDO, HARVEY E JR 4906 NEW PROVIDENCE AVE TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,S,T PARIDO, CECILLE S. 4906 NEW PROVIDENCE AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,S,T PARIDO, CECILLE S. 4906 NEW PROVIDENCE AVE TAMPA, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,S,T PARIDO, CECILLE S. 4906 NEW PROVIDENCE AVE TAMPA, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,S,T PARIDO, CECILLE S. 4906 NEW PROVIDENCE AVE TAMPA, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 897, 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: <i>Cecille Parido</i> <b>Cecille Parido</b> <b>4-12-04</b> <b>813-829-7365</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					