

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 370319**

1. Entity Name  
**THREE ARTS PRODUCTIONS, INC.**



Principal Place of Business  
**25 NORTH PINEAPPLE AVENUE  
SARASOTA, FL 34236**

Mailing Address  
**25 NORTH PINEAPPLE AVENUE  
SARASOTA, FL 34236**



03262003 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1562038**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SHEA, JOHN J. J  
720 S ORANGE AVE  
SARASOTA, FL 34236**

**DO NOT WRITE  
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 the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TUROFF, ROBERT
STREET ADDRESS	25 NO PINEAPPLE AVE
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	D
NAME	TUROFF, BENJAMIN M.
STREET ADDRESS	25 N. PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	TUROFF, ROBERTA
STREET ADDRESS	25 NORTH PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP
NAME	SUPLEE, T. RAYMOND(ASST)
STREET ADDRESS	1770 WOOD STREET
CITY-ST-ZIP	SSRASOTA, FL
TITLE	D
NAME	TUROFF, KYLE E.
STREET ADDRESS	25 N. PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	ANTOLIK, FELICIA
STREET ADDRESS	25 N. PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL

000000162141  
06/04/04-80003-005 150.00

**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)(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:**

*Felicia Antolik*  
**FELICIA ANTOLIK**

6/1/04  
Date

941-366-2646  
Daytime Phone #