2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 447376

1. Entity Name

FANTASMA PRODUCTIONS, INC. OF FLORIDA



FILED Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90027 021 ***150.00

2. Principal Place of Business 3. Mailing Address 3. Mailing Address	Principal Place	e of Business	Mailing Address	Mailing Address						
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Most Applicable Solution So	Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Notice Strock Address of New Registered Agent City City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City City City FL Zip Code City City City City City FL Zip Code City Ci	City & State		City & State	City & State			El Number 59-1515693			
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STOCK JONN ENTRY WEST PALM BEACH FL 33401 City FL Zip Code	Name and Address of Current Registered Agent				<u> </u>					
2000 S DIXIE HWY WEST PALM BEACH FL 33401 6. The above named entity submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida. I am tarmitian with, and accept the objections of registered apent. SIGNATURE					Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent. SIGNATURE Symmul. Time or present name of registered agent and the it applicable. (NOTE Registered Agent signature required when reintating) DATE	2000 S DIXIE HWY				Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objigations of registered agent. SIGNATURE Symmul. Time or present name of registered agent and the it applicable. (NOTE Registered Agent signature required when reintating) DATE										
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FILE NOW!!! FEE! IS \$150.00 After May 1, 2004 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PD	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.									
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12. Legeby 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	<u></u>				l			-10 of 100	. (

indicated on this report or supplied with this him does not quality for the exemption state in Section 1.19.07(3)(), Florida statutes. From control 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 true-see 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:

URS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO