

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677017

FILED
Apr 16, 2004
Secretary of State

Entity Name: PRODUCTIONS ENTERTAINMENT NETWORKS, INC.

Current Principal Place of Business:

%J. PENDLETON GAINES
1405 DOLIVE DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

%J. PENDLETON GAINES
1405 DOLIVE DRIVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2010415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, J. PENDELTON
1405 DOLIVE DRIVE
ORLANDO, FL 32803 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: PD () Delete
Name: GAINES, J. PENDELTON,
Address: 1405 DOLIVE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: TD () Delete
Name: GAINES, STELLA D.,
Address: 1405 DOLIVE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: GAINES, DAVIS P.,
Address: 6628 LAKE RIDGE RD.
City-St-Zip: LOS ANGELES, CA 90068

Title: VD () Delete
Name: POPE, PAMELA,
Address: 4237 WINDERLAKES DR.
City-St-Zip: ORLANDO, FL 32835

Title: VD () Delete
Name: GAINES, PATRICIA A.,
Address: 500 RUGBY
City-St-Zip: ORLANDO, FL 32804

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:

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: J. PENDLETON GAINES

PRES

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date