2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# 743023

Entity Name: ATLANTIC PRODUCTIONS, INC.

Current Principal Place of Business:

1508 PARK CIRCLE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1508 PARK CIRCLE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1836345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYMAN, CHARLES, PROF.
UNIVERSITY OF SOUTH FLORIDA
ART DEPARTMENT
TAMPA, FL 33620 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LYMAN, CHARLES,	
Address:	UNIV. OF S FLORIDA	
City-St-Zip:	TAMPA, FL	
Title:	VPD	( ) Delete
Name:	LYMAN, THEODORE	
Address:	636 HILLVIEW ROAD	
City-St-Zip:	RICHMOND, VT 05477	
Title:	TD	( ) Delete
Name:	MELARANO, PETER	
Address:	10 APPIAN WAY	
City-St-Zip:	JOHNSTON, RI 02919	
Title:	S	( ) Delete
Name:	WHITE, PHILLIP	
Address:	14506 NO 19 STR #2148	
City-St-Zip:	TAMPA, FL	
Title:	VPD	( ) Delete
Name:	ISIN, EDWARD	
Address:	6836 OAKDALE DR.	
City-St-Zip:	TAMPA, FL 33610	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P. LYMAN PD 01/16/2004

Electronic Signature of Signing Officer or Director — Date