


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 040 ****61.25

DOCUMENT # 749701			
1. Entity Name TIGERTAIL PRODUCTIONS, INC.			
Principal Place of Business 842 NORTHWEST 9TH COURT MIAMI, FL 33136		Mailing Address 842 NORTHWEST 9TH COURT MIAMI, FL 33136	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRAMEL, JOHN 900 NW 7TH STREET ROAD MIAMI, FL 33136		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUFT, MARY	NAME	
STREET ADDRESS	842 NW 9TH CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULZBERGER, GENE	NAME	
STREET ADDRESS	SUNTRUST BANK 520 CRANDON BLVD	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, LOIS	NAME	
STREET ADDRESS	13325 SW 95TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINKLE, THOMAS	NAME	
STREET ADDRESS	VORTEX 1522 SAN IGNACIA #4	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33147	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, BRENDA	NAME	Dwight Danie
STREET ADDRESS	4109 WOODRIDGE	STREET ADDRESS	The Children's Trust
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	1900 Biscayne Boulevard, #200
TITLE	DT <input type="checkbox"/> Delete	TITLE	Miami, FL 33132
NAME	KRAMEL, JOHN	NAME	
STREET ADDRESS	900 NW 7TH STREET ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33136	CITY-ST-ZIP	
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 617, 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>Mary Luft</i>		1/6/04 305 324 4337	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1968705

Applied For
Not Applicable

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