


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03009000938
 1. Entity Name
NOTTE'S TOP OF THE MOUNTAIN PRODUCTIONS, INC.



Principal Place of Business PO BOX 812142 BOCA RATON, FL 33481	Mailing Address PO BOX 812142 BOCA RATON, FL 33481
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2295249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVELLO, LINDA F
 3215 S. OCEAN BLVD. BLDG 3 PENTHOUSE 104
 HIGHLAND BEACH, FL 33487

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCD BUCCI, JOSEPH M 14040 TAHITI WAY BLDG 5 SUITE 533 MARINA DEL RAY, CA 90292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAGLIVIO, DAVID 1697 PACIFIC AVENUE VENICE, CA 90291
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOVELLO, LINDA F PO BOX 812142 BOCA RATON, FL 33481
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/28/04-80002-002 150.00

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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: Joseph M Bucci **5/24/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #