



FILED
Jan 26, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G51072 1. Entity Name WIDE ANGLE PRODUCTIONS, INC.		
Principal Place of Business % LOUIS F. MOLINA 4719 MONROE STREET HOLLYWOOD, FL 33021		Mailing Address % LOUIS F. MOLINA 4719 MONROE STREET HOLLYWOOD, FL 33021
DO NOT WRITE IN THIS SPACE		
		
01242005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-2315716		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 MOLINA, LOUIS F. 4719 MONROE STREET HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINA, LOUIS F. 4719 MONROE STREET HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLINA, ELENA 4719 MONROE ST HOLLYWOOD, FL 00000,	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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: <u>Elena V. Molina</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-24-05 (954)981-2240 Date Daytime Phone #