## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	KEPUKI		•	Ca	2-12-4-2 2-C-C	4.4
1. Entity Name	MENT # H88715 NYTE PRODUCTIONS, INC			· · ·Se	cretary of S	iai	
424 A FLEMII	ncipal Place of Business . Mailing Address  4 A FLEMING ST. C/O GELFAND, RENNERT & F 1880 CENTURY PARK E LOS ANGELES, CA 90067		DMAN, STE 1600 US				
D	O NOT WRITE	CE	01112005 4. FEI Numbe 65-017	No Chg-P	CR2E034 (10/03)  Applied Not Applied S8.75 Additions Fee Required	d For plicable	
<del></del>	5. Name and Address of Current Re	gistered Agent	<del></del>			· · · · · · · · · · · · · · · · · · ·	
SMITH, DONNA 424-A FLEMING STREET KEY WEST, FL 33040					NOT W THIS SP		
	named entity submits this statement for t lons of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or bol	th, in the State of Fig	rida. I am familiar with, and	accept
SIGNATURE_	Signature, typed or printed hame of registered agent and	Prio II anningha INOTE Bonistara	ed Agent signature required	when reinstallara)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS					marie amari.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS 1880 CENTURY PARK EAST, SUITE 1600				U00000 01/26/05-	T95594 80035-006 150.(	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SMITH, DONNA K. 424-A FLEMING ST. KEY WEST, FL					en , , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						and the second s	· AMETIC C
TITLE NAME STREET ADDRESS		, , , , , ,				<del></del>	~. <u></u>

12. I hereby certify that the Information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05

Daytime Phone #