
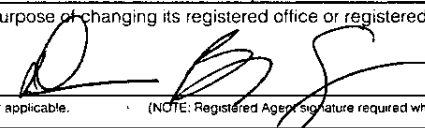


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90054 046 \*\*\*150.00

<b>DOCUMENT # K16001</b>			
1. Entity Name <b>ANIMATED DESIGN GROUP, INC.</b>			
Principal Place of Business <b>400 CLEVELAND STREET STE 901 CLEARWATER FL 33755 US</b>		Mailing Address <b>400 CLEVELAND STREET STE 901 CLEARWATER FL 33755 US</b>	
2. Principal Place of Business <b>129 N. Ft. Harrison (effec. 6/1/04)</b>		3. Mailing Address <b>129 N. Ft. Harrison</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Clearwater, Florida</b>		City & State <b>Clearwater, Florida</b>	
Zip <b>33755-4020</b>	Country <b>USA</b>	Zip <b>33755-4020</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>STREYER, DIANNE 400 CLEVELAND STREET STE 901 CLEARWATER FL 33755</b>		7. Name and Address of New Registered Agent Name <b>Dianne Streyer</b> Street Address (P.O. Box Number is Not Acceptable) <b>129 N. Ft. Harrison (effec. 6/1/04)</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33755-4020</b>	
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 <b>Dianne Streyer, VP</b>  DATE <b>4/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STREYER, DIANNE 820 ELDORADO AVE CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMBERS, JAMES DARRELL 820 ELDORADO AVE CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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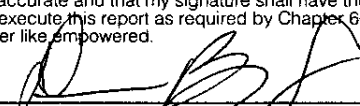


MOORE CR2E034 (11/03)

4. FEI Number **59-2876086** Applied For ☐ Not Applicable ☐

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

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: **Dianne Streyer, VP** 

4/1/04

727-631-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #