


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K49311**  
 1. Entity Name  
**ALTON PRODUCTIONS INC.**



Principal Place of Business <b>% RICHARD ASHBY</b> <b>1801 BAY ROAD</b> <b>MIAMI, FL 33139</b>	Mailing Address <b>% RICHARD ASHBY</b> <b>1801 BAY ROAD</b> <b>MIAMI, FL 33139 US</b>
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01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0086463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**ADDICOTT, SARI T**  
**450 NORTH PARK ROAD #805**  
**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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADDICOTT, SARI T 450 N. PARK RD #805 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIBB, BARRY 5820 NORTH BAY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/03/05-80018-020 150.00

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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)(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:**  **1/31/5** **305678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2390**