

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K78228

FILED
Jan 17, 2004
Secretary of State

Entity Name: BEST PRODUCTIONS, INC.

Current Principal Place of Business:

4513 W DALE AVE
TAMPA, FL 336093708 US

New Principal Place of Business:

Current Mailing Address:

4513 W DALE AVE
TAMPA, FL 336093708 US

New Mailing Address:

FEI Number: 65-0110382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEST, ROBERT P.
4513 W DALE AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BEST, ROBERT P.,
Address: 4513 W DALE AVE
City-St-Zip: TAMPA, FL

Title: VTD () Delete
Name: BEST, LETTY M.,
Address: 4513 W DALE AVE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: BEST, RUTH E
Address: 5927 BARKLEY COURT
City-St-Zip: FAIRFIELD, OH 45014

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PATTON, TIMOTHY,
Address: 21343 BEACHWOOD DR
City-St-Zip: ROCKY RIVER, OH 44116

Title: D () Change (X) Addition
Name: BEST, COURTNEY M,
Address: 5375 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 30043

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P BEST

PSD

01/17/2004

Electronic Signature of Signing Officer or Director

_____ Date