
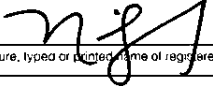
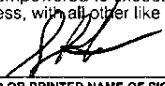


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90052 020 \*\*\*150.00

<b>DOCUMENT # M43511</b> 1. Entity Name <b>BAYVIEW THEATRE CONSULTANTS, INC.</b>					
Principal Place of Business <b>C/O STEPHEN A. FREEMAN</b> <b>520 BRICKELL KEY DR. #305</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>C/O STEPHEN A. FREEMAN</b> <b>520 BRICKELL KEY DR. #305</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FREEMAN, STEPHEN A.</b> <b>520 BRICKELL KEY DRIVE</b> <b>SUITE 305</b> <b>MIAMI, FL 33131</b>				Name <b>TRANSGLOBAL CORPORATE ADMINISTRATION LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 BRICKELL Key DR. # 0-305</b> City <b>MIAMI</b> FL <b>33131</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 				DATE <b>3/10/04</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTNER, LILIAN		NAME		
STREET ADDRESS	19667 TURNBERRY WAY, UNIT 21GR		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEMAN, STEPHEN A.		NAME		
STREET ADDRESS	520 BRICKELL KEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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:  <b>STEPHEN A. FREEMAN</b> <b>3/10/04</b> <b>(305)374-3800</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94032581



01072004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2750428** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, STEPHEN A.  
520 BRICKELL KEY DRIVE  
SUITE 305  
MIAMI, FL 33131

Name  
TRANSGLOBAL CORPORATE ADMINISTRATION LLC  
Street Address (P.O. Box Number is Not Acceptable)

520 BRICKELL Key DR. # 0-305  
City MIAMI FL 33131

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Signature, typed or printed name of registered agent and title if applicable.

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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST ☐ Delete  
WINTNER, LILIAN  
19667 TURNBERRY WAY, UNIT 21GR  
AVENTURA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S ☐ Delete  
FREEMAN, STEPHEN A.  
520 BRICKELL KEY DRIVE  
MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #