

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000756

FILED
Jul 05, 2004
Secretary of State**Entity Name:** EQUINOX DOCUMENTARIES, INC.**Current Principal Place of Business:**1503 ROBIN RD.
ORLANDO, FL 32803**New Principal Place of Business:****Current Mailing Address:**1503 ROBIN RD.
ORLANDO, FL 32803**New Mailing Address:****FEI Number:** 03-0379233**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BELLEVILLE, WILLIAM
201 SEWELL RD.
SANFORD, FL 32771 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

OFFICERS AND DIRECTORS:**Title:** DS () Delete
Name: HENDERSON, CLAY
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**Title:** D () Delete
Name: POOLE, LESLIE
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**Title:** D () Delete
Name: HANNA, LEE
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**Title:** PTD () Delete
Name: GIGUERE, ROBERT
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**Title:** VD () Delete
Name: BELLEVILLE, WILLIAM
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**Title:** D () Delete
Name: TYSALL, TERRENCE
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VTD (X) Change () Addition
Name: GIGUERE, ROBERT
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**Title:** PD (X) Change () Addition
Name: BELLEVILLE, WILLIAM
Address: 1503 ROBIN RD.
City-St-Zip: ORLANDO, FL 32803**Title:** D (X) Change () Addition
Name: HOWERTON, MARK
Address: 1425 DEVIL'S DIP
City-St-Zip: TALLAHASSEE, FL 32308

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GIGUERE

VTD

07/05/2004

Electronic Signature of Signing Officer or Director

Date

TERESA J. SOPP DIRECTOR
96124 LOFTON SQUARE COURT
YULEE, FL 32097-6346