2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004228

1. Entity Name
CREATE A LEGACY PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1000 N. ASHLEY SUITE 105 TAMPA, FL 33602	1000 N. ASHLEY SUITE 105 TAMPA, FL 33602

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01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0446290
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEEBLE, ARTHUR
1000 N. ASHLEY
SUITE 105
TAMPA, FL 33602

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000145600
05/03/04-80032-021 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUSE, PAT
STREET ADDRESS	6914 TEMPLE OAKS AVENUE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	COMAS, ERIC
STREET ADDRESS	1000 N. ASHLEY #105
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	KEEBLE, ARTHUR
STREET ADDRESS	1000 N. ASHLEY #105
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	SABA BAPTISTE-ALTEBU-LAN
STREET ADDRESS	1022 E. FLORA STREET
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	WALTON, SAMUEL
STREET ADDRESS	BOX 47466
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 617, 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: Patricia Cruse Patricia Cruse April 28, 2004 (813)231-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #