2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008505

1. Entity Name
RATTLE THE CAGE PRODUCTIONS INC.

Principal Place of Business	Mailing Address
620 SW 16TH STREET FORT LAUDERDALE, FL 33315	1126 S. FEDERAL HWY., STE. 288 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

03182005 No Chg-NP   CR2E037 (10/03)

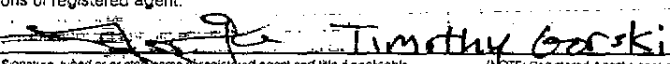| 4. FEI Number	Applied For
42-1563897	Not Applicable

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

6. Name and Address of Current Registered Agent

GORSKI, TIMOTHY M
620 SW 16TH STREET
FORT LAUDERDALE, FL 33315

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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: _Timothy Gorski_   03/18/05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

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

U00000271817
03/21/05--00062-023 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GORSKI, TIMOTHY M
STREET ADDRESS	620 SW 16TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	D
NAME	SILIDKER, VALERIE
STREET ADDRESS	8061 S.W. 20TH PLACE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	D
NAME	SHANNON, ALYSSA
STREET ADDRESS	2501 N.E. 11TH STREET, APT. 6
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Timothy Gorski_   03/18/05   954 463 8892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #