


08-11-2004 90004 023 ****61.25

DOCUMENT # N03000005211						Secretary of State				
1. Entity Name JAZZNUT PRODUCTIONS, INC.				08-11-2004 90004 023 ****61.25						
Principal Place of Business 9727 TOUCHTON RD. 1917 JACKSONVILLE, FL 32246 US				Mailing Address 9727 TOUCHTON RD. 1917 JACKSONVILLE, FL 32246 US						
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 HARRIS, HEATHER C 9727 TOUCHTON RD. 1917 JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
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 <i>Heather Harris</i> Signature, typed or printed name of registered agent and title if applicable.				7/25/04 DATE (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
						P/V/T/S Heather Harris	9727 Touchton Rd #1917	Jacksonville, FL 32246		
						D Kim McDougough	3648 Hilliard Rd	Jacksonville, FL 32217	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
						D Missy Ponder-Reston	227 Belote Place	Jacksonville, FL 32207	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
						D Kendra Sides	6729 Newgate Cir E	Jacksonville, FL 32244	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: <i>Heather Harris</i> Heather Harris 7/25/04 904-477-8632 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										