2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N03000010 S PRODUCTIONS, INC.)240		04-	-04-2005 90	0065 034 ****61.	.25	
Principal Place of Business 570 CROWN OAK CENTRE DR LONGWOOD, FL 32750		Mailing Address 570 CROWN OAK CENTR LONGWOOD, FL 32750	E DR			OTITI ITRII OTIUR JUDII RODI CO		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012005 Ch	g-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 20-045161	1		oplied For ot Applicable	
Zip -	Country-	Zip	-Country	5. Certificate of Sta	tus Desired	\$8:75 Add	ditional -	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Re	gistered Agent		
NATION, I	AARK A		Name					
570 CROV	VN OAK CENTRE DR OD, FL 32750	Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
	•		City			FL Zip Cod	e	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or req	gistered agent, or both, in t	he State of Flor	ida. I am familiar with,	and accept	
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		DATE ake check payable to da Department of Si		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	ike check payable to	tate	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of Si	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE P NATION, MARK A 570 CROWN OAK CENTRE DR	9. Efection Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of Si IS AND DIRECTORS IN	tate	
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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.

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Mark
GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A.

Nation

3/29/05

407-339-1104

Daytime Phone #