2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005342

Entity Name: JUBILANT PRODUCTIONS, INC.

FILED Jan 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8343 YELLOW LANE TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

PO BOX 3491 TALLAHASSEE, FL 32303

FEI Number: 59-3392869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLSTON, DELORES A 8343 YELLOW LANE TALLAHASSEE, FL 32311

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VSM () Change () Addition () Delete

PENTON, GRACIE Name: Name: Address: ROUTE 1 BOX 3108 Address: City-St-Zip: HAVANA, FL 323339732 City-St-Zip:

Title: VDC () Delete Title: VDC (X) Change () Addition

Name: HARRIS, MATHE' Name: HARRIS, MATHE' Address: 1031 W. DELAWARE STREET Address: 3115 SHARER ROAD City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32312

Title: PDC () Delete Title: PDC (X) Change () Addition

COLSTON, DELORES COLSTON, DELORES Name: Name: Address: 8343 YELLOW LANE Address: 8343 YELLOW LANE

City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 323117718

Title: TDS () Delete Title: () Change () Addition

Name: WILLIAMS, TRACY Name: Address: 833 PORTER MICHELL RD Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip:

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: DELORES COLSTON PDC 01/30/2004