

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004529

FILED
Jul 02, 2005
Secretary of State

Entity Name: RAPTURE PRODUCTIONS CORPORATION

Current Principal Place of Business:

9237 STRAWHILL LANE
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

9237 STRAWHILL LANE
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 59-3465375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAHAM, STEVEN P
5047 SKY KING LN
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

GRAHAM, STEVEN P
9237 STRAWHILL LANE
TALLAHASSEE, FL 32305 US

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:

07/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: GRAHAM, STEVEN P
Address: 716 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPS () Delete
Name: MOYE, GEORGE
Address: 1111 ALACHUA AVENUE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GRAHAM, MITCH
Address: 1244 EAST AVE. R-4
City-St-Zip: PALMDALE, CA 93550

Title: D () Delete
Name: GLASS, BENJAMIN S
Address: 47 HARVEY MILL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: CREW, MIKE
Address: 7485 SOUTHERN COUNTRY LANE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: STEVEN GRAHAM

PTS

07/02/2005

Electronic Signature of Signing Officer or Director

Date