## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

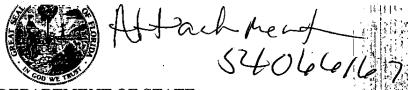
## Aug 02, 2004 8:00 am Secretary of State DOCUMENT # P00000002445 08-02-2004 90009 034 \*\*\*150.00 1. Entity Name NEW VISION PRODUCTION SERVICES, INC. Principal Place of Business Mailing Address 3517 CARDINAL BOULEVARD PO BOX 290867 54066167 DAYTONA BEACH, FL 32127 PORT ORANGE, FL 32129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03202003 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3616921 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCMILLAN, KATHRYN Street Address (P.O. Box Number is Not Acceptable) - - -3517 CARDINAL BOULEVARD DAYTONA BEACH, FL 32127 City 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 KATHRYN F MEMILIAN FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Delete TITLE TITLE MCMILLAN, KATHRYN F NAME NAME PO BOX 290867 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32129 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP - - Addition -TITLE Delete -TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 effect the true this report as required by Chapter 607, 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.

7-16-04

FILED

2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000002445 NEW VISION PRODUCTION SERVICES, INC. **Principal Place of Business** Mailing Address SEITZICARDRIAL BOULEVARD DAVIONA BEACH, FL 32127 PO BOX 290867 PORT ORANGE, FL 32129 07062004 CR2E034 (10/03) NOT WRITE IN THIS SPACE 4. FEt Number 59-3616921 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCMULAN, KATHRYN GENERAL BOULEVARD DAYTONA BEACH, FL. 32127 DO NOT WRITE IN THIS SPACE projective interest and a statement for the purpose of changing its registered office or registered agent, or both, in the State of Forice, ... 9. Election Campaign Financing FILE MOWEL FEE IS \$150.00 \$5.00 May Be In accordance with \$ 607/193(2)(b) Inust Fund Contribution Added to Fees corporation did not receive the prior no bue by September 8, 2004 OFFICERS AND DIRECTORS iiile MCMILLAN, KATHRYN F STEEN ADDRESS PO BOX 290867 OTY ST. ZIP PORT ORANGE, FL 32129 TITLE STREET ADDRESS (CITY÷ST-ZIP TIPLE BUTTEN ADDRESS DO NOT WRITE CTX48T- ZIP MPE IN THIS SPACE SPEET ADDRESS 0(1) =81 - ZP THE ! STREET ADDRESS OTTY ST-ZIP TITLE . STREET ADDRESS Čii**°T**÷ZIP 12. Nereby, certify that the information supplied with this tring coes not qualify for the exemption stated in Section 119 07/316). For de Statutes it further certify that the indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under both that is amilian office of the corporation or the receiver or trustee empowered to execute this report as recurred by chapter 60. Fig. ca. Statutes, and that my name appears in Block 10 changed, or on an attachment with an appropriate with a lother like empowered.

1: 30.04



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2004

NEW VISION PRODUCTION SERVICES, INC. PO BOX 290867 PORT ORANGE, FL 32129

SUBJECT: NEW VISION PRODUCTION SERVICES, INC.

Ref. Number: P00000002445

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS. P.O. BOX TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 488-9000. 245- 6059

Katrina Sutphin

Letter Number: 604A00036902

Here is my second report + the returnel check.

Hope this clears everything
Thank for
Hathryn McMillain

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314.