

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010367

FILED
Apr 30, 2004
Secretary of State

Entity Name: VISUAL BIBLE, INC.

Current Principal Place of Business:

5100 TOWN CENTER CIRCLE
SUITE 430
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5100 TOWN CENTER CIRCLE
SUITE 430
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1010039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 430
BOCA RATON, FL 33486

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: KRAMER, HAROLD
Address: 1235 BAY ST SUITE 300
City-St-Zip: TORONTO, ONTARIO, CANADA, M5R 3K4

Title: D (X) Delete
Name: SMALL, DR. STEVEN
Address: 1235 BAY ST SUITE 300
City-St-Zip: TORONTO, ONTARIO, CANADA, M5R 3K4

Title: D (X) Delete
Name: DELLANDREA, JON S
Address: 1235 BAY STREET, SUITE 300
City-St-Zip: TORONTO, ONTARIO, CA M5R 3K4

Title: D (X) Delete
Name: RICHARDSON, PETER
Address: 1235 BAY ST SUITE 300
City-St-Zip: TORONTO, ONTARIO, CANADA, M5R- K4

Title: D (X) Delete
Name: COLSON, MAURICE
Address: 640 RUSSELL HILL
City-St-Zip: TORONTO, ONTARIO, CA M4V 2T2

Title: D (X) Delete
Name: SAFDIE, MOSHE
Address: 1235 BAY ST SUITE 300
City-St-Zip: TORONTO, ONTARIO, CANADA, M5R- K4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: COLSON, MAURICE
Address: 1235 BAY ST SUITE 300
City-St-Zip: TORONTO, ON M5R 3K4 CA

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

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

Title: () Change () Addition
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE COLSON

PSD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date