

# 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  
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 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