
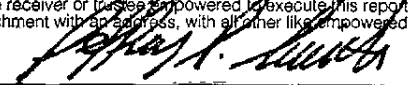


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000025875</b>		
1. Entity Name SOURCESTUDIOS.COM, INC.		
Principal Place of Business 17011 SW 64TH CT FORT LAUDERDALE, FL 33331		Mailing Address 14251 NORTHWEST 4TH STREET SUNRISE, FL 33325
<b>DO NOT WRITE IN THIS SPACE</b>		
		03092005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0990541		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  SMITH, JEFFREY SCOTT 17011 SW 64TH CT FORT LAUDERDALE, FL 33331		<b>DO NOT WRITE IN THIS SPACE</b>
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.		
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RUTH A 14251 NORTHWEST 4TH STREET SUNRISE, FL 33325	<p>U000000259118 03/11/05-80011-018 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESKRIDGE, JEFFREY 14251 NORTHWEST 4TH STREET SUNRISE, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, JEFFREY 14251 NORTHWEST 4TH STREET SUNRISE, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 execute 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.		
SIGNATURE:  STD		3/8/05 954-858-0145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #