
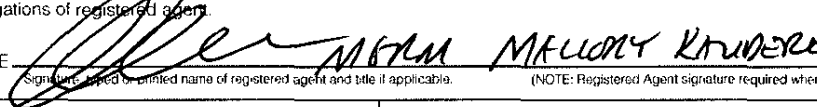


2004 FOR PROFIT CORPORATION ANNUAL REPORT

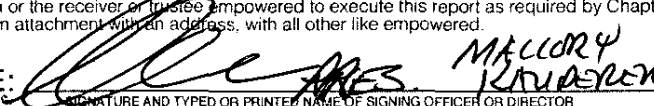
FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 031 ***150.00

DOCUMENT # P00000039813			
1. Entity Name LITTLE RIVER STUDIOS, INC.			
Principal Place of Business 500 15TH ST., #1 MIAMI BEACH, FL 33139		Mailing Address 500 15TH ST., #1 MIAMI BEACH, FL 33139	
2. Principal Place of Business 423 NE 23rd ST		3. Mailing Address 423 NE 23rd ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33137		Zip 33137	
Country		Country	
6. Name and Address of Current Registered Agent REGENTS PARK PROPERTY, INC 500 15TH ST. #1 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: REGENTS PARK PROPERTIES LLC Street Address: 423 NE 23rd ST. City: Miami FL Zip Code: 33137	
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: 		DATE: 4/20/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KAUDERER, MALLORY 500 15TH ST., #1 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KAUDERER, MALLORY 423 NE 23rd ST. MIAMI FL- 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 305-573-3399