

AMENDED **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

DOCUMENT # P00000042805

1. Entity Name

DIRTY MARTINI PRODUCTIONS INC.



Principal Place of Business

**8990 VALENCIA COLLEGE LANE
ORLANDO FL 32825**

Mailing Address

**PO BOX 547778
ORLANDO FL 32854**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SPRINGEN, DAN
8990 VALENCIA COLLEGE LANE
ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, RICHARD PO BOX 547778 ORLANDO FL 32854	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGEN, DAN 8990 VALENCIA COLLEGE LANE ORLANDO FL 32825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINA WARREN PO BOX 547778 ORLANDO FL 32854	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042865033 11/18/04--01027--002 **35.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042865033 12/09/04--01031--009 **26.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Warren
RICHARD WARREN

Date

Daytime Phone #

(407) 947-1298

FILED

04 DEC -8 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3650881

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**