2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000062822

1. Entity Name
DO IT PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
321 W SUNRISE BLVD FT LAUDERDALE, FL 33311	321 W SUNRISE BLVD FT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1102735	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, DAVID F ESQ
80 SW 8TH STREET SUITE 2804
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000137429
04/29/04-80040-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PERNICE, CLAIRE
STREET ADDRESS	321 W SUNRISE BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _Claire Pernice_ Pres.   4/21/04   954 523 9818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #