2004 FOR PROFIT CORPORATION

ANNUAL REPORT FILED **DOCUMENT # P00000069635** ROCKWELL PRODUCTIONS, INC. 04 APR 21 PM 4:51 SECRETARY OF STATE Mailing Address TALLAHASSI EL PLORIDA Principal Place of Business 720 OCEAN AVENUE EAST 720 OCEAN AVENUE EAST SUITE 507W SUITE 507W **BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435** CR2E034 (10/03) 04142004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1026443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 S.W. 22ND STREET., 4TH FL MIAMI, FL 33145 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. 200035793702 05/10/04--01020--007 **150.00 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, PΠ TITLE ROCKWELL, JAMES NAME 720 OCEAN AVENUE EAST SUITE 507W STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 TD TITLE ROCKWELL, JENNIFER NAME 720 OCEAN AVENUE EAST SUITE 507W STREET ADDRESS BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE ROCKWELL, CHRISTIAN NAME STREET ADDRESS 720 OCEAN AVENUE EAST DO NOT WRITE CITY-ST-ZIP **BOYNTON BEACH, FL 33435** IN THIS SPACE TITLE ROCKWELL, AMANDA 720 OCEAN AVENUE EAST STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME

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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 guired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an ac

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR