2004 FOR PROFIT CORPORATION

NAME STREET ADDRESS

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

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

FILED ANNUAL REPORT Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P0000070589 1. Entity Name NO WALLS PRODUCTION AND PUBLISHING CORP. Principal Place of Business Mailing Address PO BOX 381853 PO BOX 381853 MIAMI, FL 33238 MIAMI, FL 33238 No Chg-P CR2E034 (10/03) 04262004 DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 65-1028964 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEE, SONIA DO NOT WRITE 650 NE 64 STREET SUITE G206 MIAMI, FL 33138 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 eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE LEE, SONIA NAME STREET ADDRESS PO BOX 381853 U00000138812 MIAMI, FL 33238 CITY - ST- ZIP 04/29/04-80094-o21 150.no TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F

DO NOT WRITE IN THIS SPACE

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 suppliemental 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:	which while		.સેલ્ડ ગુલ્લ -ફેટ્સ્ટ
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC	EN OR DIRECTOR Date	Daytime Phone #
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