2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094672

Entity Name: G FOUR PRODUCTIONS, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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16215 NW 15TH AVENUE 14394 COMMERCE WAY MIAMI, FL 33169 MIAMI LAKES, FL 33016

Current Mailing Address: New Mailing Address:

16215 NW 15TH AVENUE 14394 COMMERCE WAY MIAMI, FL 33169 14394 COMMERCE WAY MIAMI LAKES, FL 33016

FEI Number: 65-1054135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERLOW, JEFFREY M C/O FROMBERG PERLOW & KORNIK PA 20801 BISCAYNE BLVD SUITE 505 AVENTURA, FL 33180 US PERLMAN, JEFF PERLMAN P.A 1820 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009 US

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.

SIGNATURE: JEFF PERLMAN 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Address:
 16215 NW 15TH AVENUE
 Address:
 14394 COMMERCE WAY

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI LAKES, FL 33016

Title: VST () Delete Title: VST (X) Change () Addition Name: GREENBLATT, SANDY SANDY

Address: 16215 NW 15TH AVENUE Address: 14394 COMMERCE WAY
City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI LAKES, FL 33016

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 GLIST, ALAN M

 Address:
 Address:
 14394 COMMERCE WAY

 City-St-Zip:
 City-St-Zip:
 MIAMI LAKES, FL 33016

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 GREENBLATT, KENNETH

 Address:
 Address:
 14394 COMMERCE WAY

 City-St-Zip:
 City-St-Zip:
 MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHI GLIST P 04/30/2004