

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112532

FILED
Sep 27, 2004
Secretary of State

Entity Name: SEASIDE PRODUCTIONS, INC.

Current Principal Place of Business:

6625 SUPERIOR AVE.
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

6625 SUPERIOR AVE.
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-1079405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, ANGIE
6625 SUPERIOR AVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUCHANO, ROBERT
Address: 2448 CLARK RD. #121
City-St-Zip: SARASOTA, FL 34231

Title: VD (X) Delete
Name: WOTTON, THOMAS
Address: 2152 BAY ST.
City-St-Zip: SARASOTA, FL 34237

Title: TD () Delete
Name: ANTURES, DAVID
Address: 2110 BEN FRANKLIN DR. 1085
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOWRON, ASHLEY
Address: 6623 SUPERIOR AVE
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROBINSON, ANGIE
Address: 6623 SUPERIOR AVE
City-St-Zip: SARASOTA, FL 34231

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: ANGIE ROBINSON

TD

09/27/2004

Electronic Signature of Signing Officer or Director

Date