## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000117846

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PENSACOLA, FL 32514

( ) Delete

FILED Apr 23, 2004 Secretary of State

Entity Nar	ne: TEARDR	OPFILMS ENTERTAINMENT	CORPORATION				
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
	ERSITY PARI DLA, FL 32514						
Current Mailing Address:			New Mail	New Mailing Address:			
	ERSITY PARI DLA, FL 32514						
FEI Number:	59-3689976	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (	.)	
Name and	Current Registered Agent:	Name and	Name and Address of New Registered Agent:				
9009 UNIV PENSACC	ROWE, CAME ERSITY PKW DLA, FL 32514	Y #78 US	ourness of changing	ite rogietor	ed office or registered agent, or	hoth	
	of Florida.	submits this statement for the p	ourpose or changing	its register	ed office of registered agent, or	Dour,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	C () ROWE, FELEC 9009 UNIVERS PENSACOLA, F	ITY PKWY #78	Title: Name: Address: City-St-Zip:	9009 UNIV	(X) Change ( ) Addition RIANNA M 'ERSITY PKWY #78 LA, FL 32514		
Title: Name: Address: City-St-Zip:	VCP ( ) PHOENIX ROW 9009 UNIVERS PENSACOLA, F	ITY PKWY #78	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition RACHEL A FERSITY PKWY #78 LA, FL 32514		
Title: Name: Address:	CEO ( ) HUNTER, RACH 9009 UNIVERS		Title: Name: Address:	,	(X) Change()Addition AMERON P ERSITY PKWY #78		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PENSACOLA, FL 32514

CHARM, STEPHANIE G

PENSACOLA, FL 32514

9009 UNIVERSITY PKWY #78

( ) Change (X) Addition

**PRES** 

SIGNATURE: CAMERON PHOENIX ROWE CEO 04/23/2004