

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P01000000633**

1. Entity Name  
**ON THE FRINGE PRODUCTIONS, INC.**



**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**3471 N. FEDERAL HIGHWAY, #601  
FT. LAUDERDALE, FL 33306**

Mailing Address  
**3471 N. FEDERAL HIGHWAY, #300  
NORTH FORT LAUDERDALE, FL 33306**

2. Principal Place of Business

3. Mailing Address



01072004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1093080**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEGANCE, JOSEPH  
3471 N. FEDERAL HIGHWAY, #300  
FT. LAUDERDALE, FL 33306**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
JAMES, FARAH  
3200 N. OCEAN BLVD. APT. 2503  
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

**U00000031384  
02/04/04-80146-013 150.00**

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James Farah*

*Jan 29 2004 954561-8186*