2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 30, 2004 8:00 am Secretary of State **DOCUMENT # P01000035077** 06-30-2004 90001 028 ***150 00 1. Entity Name **BIG GRIN PRODUCTIONS, INC.** Principal Place of Business Mailing Address 6751 NW 26 TERR 6751 NW 26 TERR 54059273 FT LAUDERDALE, FL 133309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 3200 W. OAKLANO SAME BLUD. Suite, Apt. #, etc. Suite, Apt. #. etc. 06232004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number FORT LAUDEROALE 65-1087329 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ROWAND 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LYNCH, PHIL. Street Address (P.O. Box Number is Not Acceptable) PAAK BWD 6751 NW 26 TERR FT LAUDERDALE, FL 33309 TOLT LAUDEROALE 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 the obligations of registered agent. 6-22-04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition Delete TITLE TITLE STEVE HOLMES LYNCH PHIL NAME NAME 3200 W. OAKLAND PACK BLVD. STREET ADDRESS 6751 NW 26 TERR STREET ADDRESS FORT LAUDERDALE, CAY-ST-ZP FT LAUDERDALE, FL 33309 CITY-ST-ZP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-78 CITY-51-712 TITLE ☐ Delete TITLE Change Acortion NAME NALE STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP. -TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-\$1-ZP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7/F CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MALAF MANE STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 reports 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 redener of trustee employered 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

PRESIDENT 6-22-04

FILED