| 2004 FOR PROFIT CORPORATION<br>ANNUAL REPORT<br>DOCUMENT # P0100064709<br>1. Entity Name<br>RIF-RAF PRODUCTIONS, INC.                                     |   |                                   | FILED<br>Jul 09, 2004 08:00 AM<br>Secretary of State  |  |
|---|---|-----------------------------------|---|--|
| Principal Place of Business<br>14 S MAGNOLIA<br>OCALA, FL 34474   | Mailing Address<br>14 S MAGNOLIA<br>OCALA, FL. 34474  |                                   |   |  |
| DO NOT WRIT   | E IN THIS SPACE   | 07022004<br>4. FEI Numb<br>59-372 |   |  |
| 6. Name and Address of Curr<br>COLLINS, CHRISTOPHER<br>14 S MAGNOLIA AVE<br>DCALA, FL 34474   | ent Registered Agent  |                                   | NOT WRITE<br>THIS SPACE   |  |
| The above named entity submits this stateme<br>the obligations of registered agent.      SIGNATURE      Signeoure, typed or printed name of registered to |   |                                   | th, in the State of Florida. I am familiar with, and accept   |  |
| FILE NOWIN FEE 13 \$150.04<br>Due by September 8, 2004  |   | \$5.00 May Be<br>Added to Fees    | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |
| ITLE PD<br>COLLINS, CHRISTOPHER<br>TREET ADDRESS 14 S MAGNOLIA<br>ITY-SI-ZIP OCALA, FL 34474<br>ITLE<br>AME   | =   |                                   | 110n900164924<br>07/09/04-90009-008 150.00<br>—   |  |
| ITREST ADDRESS<br>ITTY-ST-ZIP<br>ITLE<br>IAME<br>TREET ADDRESS<br>ITY-ST-ZIP  |   | DO                                | NOT WRITE   |  |
| ITLE<br>NAME<br>TREET ADDRESS<br>ITY - ST - ZIP   |   | IN <sup>-</sup>                   | THIS SPACE  |  |
| ITLE ADDRESS ATY ST. ZIP  | & & &   |                                   |   |  |
| ITLE LAME<br>TREE1 ADDRESS<br>ITY-SI-22P  |   |                                   |   |  |
| <ol> <li>I nereby cartily that the information subplied<br/>indicated on this report or supplemental report</li> </ol>                                    | with this filling does not qualify for the exemption stated i<br>rt is true and accurate and that my signature shall have<br>mpowered to execute this report as required by Chapter<br>ss, with all other like empowered. | n Section 119.07(3)(              | <ol> <li>Honda Statutes. I further certify that the information<br/>t as if made under oath; that I am an officer or director.</li> </ol> |  |

-