


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90461 050 \*\*\*150.00

<b>DOCUMENT # P01000098467</b> 1. Entity Name <b>ZIMRIN PRODUCTIONS, INC.</b>	
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Principal Place of Business <b>55 ROGERS STREET PH-1 BELLEAIR, FL 33756 Clearwater</b>	Mailing Address <b>55 ROGERS STREET PH-1 BELLEAIR, FL 33756 Clearwater</b>
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**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>91-2158707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ZIMMERMAN, PATRICIA  
55 ROGERS STREET  
BELLEAIR, FL 33756  
Clearwater**

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IN THIS SPACE**

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 re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>ZIMMERMAN, DICK</b>
NAME	
STREET ADDRESS <b>55 ROGERS ST. PH-1</b>	
CITY-ST-ZIP <b>BELLEAIR, FL 33756</b>	<b>Clearwater</b>
TITLE <b>ST</b>	<b>ZIMMERMAN, PATRICIA</b>
NAME	
STREET ADDRESS <b>55 ROGERS ST. PH-1</b>	
CITY-ST-ZIP <b>BELLEAIR, FL 33756</b>	<b>Clearwater</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**  **PATRICIA Zimmerman** 4-22-04 (727-4498020)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #