

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000110453

1. Entity Name  
PEN PLAY PRODUCTIONS AND CONSULTANTS, INC.



Principal Place of Business  
327 OFFICE PLAZA DR., STE. #108  
TALLAHASSEE, FL 32301

Mailing Address  
327 OFFICE PLAZA DR., STE. #108  
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
31-1810074

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, THEDRICK ADDYS  
2803 BOTANY PLACE  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

TITLE VP  Delete  
NAME HAMILTON, FREDERICKA  
STREET ADDRESS 1214 RICHVIEW RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  Delete  
NAME WALKER, THEDRICK A  
STREET ADDRESS 2803 BOTANY PLACE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE  Change  Addition  
NAME **500036058675**  
STREET ADDRESS  
CITY-ST-ZIP 05/11/04--01052--018 \*\*150.00

TITLE VP  Delete  
NAME BEDELL, LINDA  
STREET ADDRESS 3012 B JIM LEE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD  Delete  
NAME JONES, MARLON D  
STREET ADDRESS 511 S.E. 14TH TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/30/04 (850) 309-0900  
Date Daytime Phone #