

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90702 002 \*\*\*150.00

<b>DOCUMENT # P01000120374</b> 1. Entity Name <b>EMC2 PRODUCTIONS, INC.</b>			
Principal Place of Business <b>4815 ALHAMBRA CIRCLE CORAL GABLES, FL 33146</b>		Mailing Address <b>4815 ALHAMBRA CIRCLE CORAL GABLES, FL 33146</b>	
2. Principal Place of Business <b>801 Majorca Av.</b>		3. Mailing Address <b>801 Majorca Av.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>CORAL GABLES FL</b>		City & State <b>CORAL GABLES, FL</b>	
Zip <b>33134</b>		Zip <b>33134</b>	
Country <b>MIAMI DADE</b>		Country <b>MIAMI DADE</b>	
4. FEI Number <b>80-0003804</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HERMAN, ROBERT M P.A. 8751 W. BROWARD BLVD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <b>JAIME EINSTEIN</b> <span style="float: right;"><b>4/28/04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> NAME <b>EINSTEIN, JAIME</b> STREET ADDRESS <b>4815 ALHAMBRA CIRCLE</b> CITY-ST-ZIP <b>MIAMI, FL 33146</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b> NAME <b>EINSTEIN, JAIME</b> STREET ADDRESS <b>801 MAJORCA AVE</b> CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b> NAME <b>EINSTEIN, ALIA</b> STREET ADDRESS <b>262 CONGRESSIONAL LANE APT 201</b> CITY-ST-ZIP <b>ROCKVILLE, MD 20852</b>	<input type="checkbox"/> Delete	TITLE <b>STD</b> NAME <b>EINSTEIN, ALIA</b> STREET ADDRESS <b>14616 BAUER DRIVE (APT. C)</b> CITY-ST-ZIP <b>ROCKVILLE, MD 20853</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>JAIME EINSTEIN</b> <span style="float: right;"><b>4/28/04</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		(305) 448-9740 <span style="float: right;">Daytime Phone #</span>	