

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051175

FILED  
Mar 12, 2004  
Secretary of State

Entity Name: MS. BUTTERFLY PRODUCTIONS, INC.

## Current Principal Place of Business:

8591 NW 15TH COURT  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

8591 NW 15TH COURT  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 04-3663451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZINRAM, JOY J  
8591 NW 15TH COURT  
PEMBROKE PINES, FL 33024

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZINRAM, JOY J  
Address: 8591 NW 15TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete  
Name: ZINRAM, HOWARD M  
Address: 8591 NW 15TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: SCARPATI, DANA L MS  
Address: 5835 SW 97TH TERRACE  
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOY J ZINRAM

P

03/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date