


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90265 048 \*\*\*150.00

<b>DOCUMENT # P02000063458</b>	
1. Entity Name <b>BIG DOG PRODUCTIONS, INC.</b>	

Principal Place of Business <b>12067 BASIN STREET WEST WELLINGTON, FL 33414</b>	Mailing Address <b>1281 N OCEAN DRIVE STE 196 SINGER ISLAND, FL 33404</b>
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2. Principal Place of Business <b>13719 Exotica Lane</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

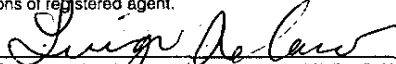
City & State <b>Wellington, FL</b>	City & State
Zip <b>33414</b>	Country <b>USA</b>

02102004 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0710204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

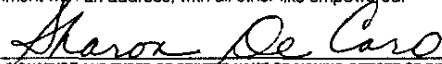
6. Name and Address of Current Registered Agent <b>DE CARO, LUIGI 12067 BASIN ST. W. WELLINGTON, FL 33414</b>	
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7. Name and Address of New Registered Agent Name <b>Luigi De Caro</b> Street Address (P.O. Box Number is Not Acceptable) <b>13719 Exotica Lane</b> City <b>Wellington, FL</b> Zip Code <b>33414</b>	
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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 	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DE CARO, LUIGI 1271 N. OCEAN DR., SUITE 196 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Luigi De Caro 13719 Exotica Lane Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DE CARO, SHARON 1281 N. OCEAN DR., STE 196 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Sharon De Caro 13719 Exotica Lane Wellington, FL 33414 <input checked="" 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
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: 	Date <b>4/9/04</b> Daytime Phone #