2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2004 08:00 AM DOCUMENT # P02000065844 **Secretary of State** KATY & SUZY PRODUCTIONS, INC. Principal Place of Business Mailing Address 2274 WILTON DRIVE WILTON MANORS FL 33305 2274 WILTON DRIVE WILTON MANORS FL 33305 2. Principal Place of Business 3. Mailing Address Suste. Act. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For AP-PLIED FOR Not Applicat Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, KEVIN 1449 N.E. 23RD STREET Street Address (P.O. Box Number is Not Acceptable) WILTON MANORS FL 33305 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. me TITLE Detete ☐ Change ☐ Add® NAME DAVIS, KEVIN NAMS U000000011835 01/23/04-80051-025 150.00 STREET ADDRESS 1449 N.E. 23RD STREET STREET ADDRESS WILTON MANORS FL 33305 CSTY - ST - ZSP C875 - S1 - Z8P TITLE TITLE Tolete Change T Advice NAME MICHAELS, ERIC NAME STREET ADDRESS 843 N.E. 22ND DRIVE STREET ADDRESS CITY - ST- ZIP WILTON MANORS FL 33305 CHY-SI-ZIP ☐ Delete Change ☐ A::" NASS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 3373 F Change □ Adding NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEELE nne Change 1 Ad. " ☐ Defete NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CRY-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 directly 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 changed, or on an attachinglyt with an address, with all other like empowered.

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