## **2004 FOR PROFIT CORPORATION**

## **FILED** Jul 29, 2004 08:00 AM

ANNUAL REPURI			Secretary of State		
DOCUMENT # P02000073921  1. Entity Name ABOVE & BEYOND PRODUCTIONS, INC.				Secret	ary of State
4620 BRAZILNUT AVENUE	Mawing Address 4620 BRAZILNUT AVENUE SARASOTA, FL 34234				
DO NOT WRITE I		CE	07192004 4. FEI Numb 90-004	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  PARKER, JULIE A  401 NORTH CATTLEMEN ROAD  SUITE 305  SARASOTA, FL 34232		DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the the obligations of registered agent  SIGNATURE.  Signature, types or printed name of registered agent and total.		ed office or register		ស៊េ, in the State of Flori	da. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finar Trust Fund Contribution.		~ — ~	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRE  TITLE PD  NAME PRICE, MELISSA C  STRET ADDRESS 4620 BRAZILNUT AVENUE  GRY ST-ZP SARASOTA, FL 34234  TITLE	ECTORS			- <u>1</u> 0000001	- 68789 6007-019 150.00
NAME STREEL ADDRESS CHY-ST-2IP TREE NAME STREET ADDRESS CHY-ST-ZIP			DO	NOT WI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			IN .	THIS SP	ĀCĒ
STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119 07(3)(f). 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 it 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 attackment with an address, with all other like empowered

SIGNATURE:

SIGNATURE:

Obtion 119 07(3)(f), Florida Statutes, I further certify that the information stated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated on this report of supplemental report is fruit and course and that my name appears in Block 10 or Block 11 if the information stated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated on this report is fruit the information indicated on this report is fruit the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated on this report is fruit the information indicated on this report is fruit the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated in Section 119 07(3)(f), Florida Statutes, I further certify that the information indicated in Section 119 07(3)(f), Florida Statutes, I further certi

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