

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90043 012 ***150.00

DOCUMENT # P02000086374

1. Entity Name
INTERWEAVED PRODUCTIONS INC.



Principal Place of Business
**15751 SHERIDAN ST
 SUITE 168
 FORT LAUDERDALE, FL 33331**

Mailing Address
**15751 SHERIDAN ST
 SUITE 168
 FORT LAUDERDALE, FL 33331**

40019690



2. Principal Place of Business
 Suite, Apt. #, etc.
#168

3. Mailing Address
 Suite, Apt. #, etc.
#168

01102005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
13-4206692

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|--|--|
| BOOTS, MELISSA 15751 SHERIDAN STREET SUITE 168 FORT LAUDERDALE, FL 33331 | | Name Street Address (P.O. Box Number is Not Acceptable) #168 City FL Zip Code | |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOOTS, MELISSA 15751 SHERIDAN ST. #168 FORT LAUDERDALE, FL 33331 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 things empowered.

SIGNATURE: Melissa Boots 2-14-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #