2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092160

City-St-Zip:

FILED Apr 26, 2004 Secretary of State

Entity Nar	ne: SLEDGE	HAMMER PRODUCTIONS, INC	D.			
Current Principal Place of Business:				New Principal Place of Business:		
20735 N.E. 8TH COURT, SUITE 206 NORTH MIAMI BEACH, FL 33179				20735 N.E. 8TH COURT SUITE 206 NORTH MIAMI BEACH, FL 33179		
Current Mailing Address:				w Mailing Address:		
20735 N.E. 8TH COURT, SUITE 206 NORTH MIAMI BEACH, FL 33179			SUI	20735 N.E. 8TH COURT SUITE 206 NORTH MIAMI BEACH, FL 33179		
FEI Number:	03-0515267	FEI Number Applied For ()	FEI Number N	Not Applicable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				me and Address of New Registered Agent:		
SPENCE, MARLON 20735 N.E. 8TH COURT, SUITE 206 NORTH MIAMI BEACH, FL 33179			207: SUI	SPENCE, MARLON 20735 N.E. 8TH COURT SUITE 206 NORTH MIAMI BEACH, FL 33179		
	named entity s of Florida.	submits this statement for the pu	urpose of cha	anging its registered office or registered agent, or both	h,	
SIGNATURE: MARLON SPENCE				04/26/2004	_	
	Electron	ic Signature of Registered Age	nt	Date	_	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				DITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS:	
Title: Name: Address: City-St-Zip:	SPENCE, MARI 20735 N.E. 8TH	Delete .ON COURT, SUITE 206 BEACH, FL 33179		() 3 ()		
Title: Name: Address: City-St-Zip:	()	Delete		• • • • • • • • • • • • • • • • • • • •		
Title: Name: Address: City-St-Zip:	()	Delete		. ,		
Title: Name: Address:	()	Delete	Title: Name Addre	()		

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.

City-St-Zip:

OPA LOCKA, FL 33056

SIGNATURE: MARLON SPENCE 04/26/2004 D