

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094292

FILED
Jan 30, 2004
Secretary of State

Entity Name: KODIAK ENTERTAINMENT GROUP, INC.

Current Principal Place of Business:

31940 US HWY. 19
N. PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

31940 US HWY. 19
N. PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 22-3674358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILTON, MARIANN
1580 PENNSYLVANIA AVE
PALM HARBOR, FL 34683

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TILTON, MARIANN
Address: 1580 PENNSYLVANIA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: ST () Delete
Name: TILTON, KHYAN
Address: 1580 PENNSYLVANIA AVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: TILTON, KHYAM
Address: 1580 PENNSYLVANIA AVE
City-St-Zip: PALM HARBOR, FL 34683

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.

SIGNATURE: KHYAM TILTON

ST

01/30/2004

Electronic Signature of Signing Officer or Director

Date