

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000103905
 1. Entity Name
 BROKEN FINGER PRODUCTIONS, INC.



Principal Place of Business
 116 S ORANGE AVE
 ORLANDO FL 32801

Mailing Address
 116 S ORANGE AVE
 ORLANDO FL 32801



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2293963	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DRAVES & BEAME, P.A.
 120 E. CONCORD ST
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000129129
 04/26/04-80067-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WHEELER, RICHARD 116 S. ORANGE AVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PERRY, SEAN 116 S. ORANGE AVE ORLANDO, FL 32801
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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 1D or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN PERRY 4/21/04 407.839.1495
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #