2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am DOCUMENT # P02000112366 Secretary of State 05-03-2004 90394 008 ***150.00 WASKY PRODUCTIONS, INC. Principal Place of Business 1 Mailing Address 27 BEACHWAY 27 BEACHWAY PORT WASHINGTON NY 11050-3407 PORT WASHINGTON NY 11050-3407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 86-1064779 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANSON, MARK GRAHAM Street Address (P.O. Box Number is Not Acceptable) 2530 SW THIRD AVENUE SUITE 102 MIAMI FL 33129-2034 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TID F ☐ Delete WASKOVER, PAULA CRANE NAME NAME STREET ADDRESS 27 BEACHWAY STREET ADDRESS CITY-ST-ZIP PORT WASHINGTON NY 11050-3407 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE WASKOVER, MICHAEL NAME NAME 27 BEACHWAY STREET ADDRESS STREET ADDRESS CITY-ST-79P PORT WASHINGTON NY 11050-3407 CITY-ST-ZIP ☐ Change ☐ Addition TELLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

FILED