


FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90024 023 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

94039976

DOCUMENT # P03000003439			
1. Entity Name K.X. STUDIOS, INC.			
Principal Place of Business 2243 INDIAN AVE S LARGO, FL 33770		Mailing Address 2243 INDIAN AVE S LARGO, FL 33770	
2. Principal Place of Business 1313 Belcher Drive Suite, Apt. #, etc. Tarpon Springs City & State Florida		3. Mailing Address 1313 Belcher Drive Suite, Apt. #, etc. Tarpon Springs FL City & State Zip 34689 Country Pinellas	
4. FEI Number applied for		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03112004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PRANKARD, X WILLIAM 2243 INDIAN AVE S LARGO, FL 33770		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: X William Prankard X William Prankard 24 Mar 04 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PRANKARD, X WILLIAM 2243 INDIAN AVE S LARGO, FL 33770 <input type="checkbox"/> Delete	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 like empowered.			
SIGNATURE: X William Prankard		24 Mar 04 727-937-6044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	