

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 05, 2004  
Secretary of State**

DOCUMENT# P03000004113

Entity Name: NO MSG PRODUCTIONS, INC.

**Current Principal Place of Business:**

5026 STARBLAZE DRIVE  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5026 STARBLAZE DRIVE  
GREENACRES, FL 33463

**New Mailing Address:**

FEI Number: 11-3672851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GLASSER, MITCH  
Address: 5026 STARBLAZE DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: T ( ) Delete  
Name: GLASSER, MITCH  
Address: 5026 STARBLAZE DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: D ( ) Delete  
Name: GLASSER, MITCH  
Address: 5026 STARBLAZE DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: V ( ) Delete  
Name: GLASSER, JENNIFER  
Address: 5026 STARBLAZE DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: S ( ) Delete  
Name: GLASSER, JENNIFER  
Address: 5026 STARBLAZE DRIVE  
City-St-Zip: GREENACRES, FL 33463

Title: D ( ) Delete  
Name: GLASSER, JENNIFER  
Address: 5026 STARBLAZE DRIVE  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: MITCH GLASSER

P

08/05/2004

Electronic Signature of Signing Officer or Director

Date