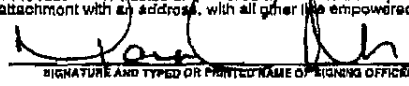


03-14-2005 10:46 From-FUND LEON BRANCH

FILED
Mar 19, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000014932		
1. Entity Name STOP THIEF PRODUCTIONS, INC.		
Principal Place of Business 5200 NE 14TH WAY #303 FT LAUDERDALE, FL 33334		Mailing Address 5200 NE 14TH WAY #303 FT LAUDERDALE, FL 33334
DO NOT WRITE IN THIS SPACE		
		 03142005 No Chg-P CR2E034 (10/03)
4. FEI Number 22-3894979		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ROSS, DIANA CLEMENS 5200 NE 14TH WAY #303 FT LAUDERDALE, FL 33334		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 _____ Signature, typed or printed name of registered agent and his or her applicable. (NOTE: registered agent signature required when withdrawing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROSS, DIANA CLEMENS 5200 NE 14TH WAY #303 FT LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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)(D), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DO NOT WRITE IN THIS SPACE 000000268389 03/19/05-80008-009 150.00 3/19/05 954/3289171