
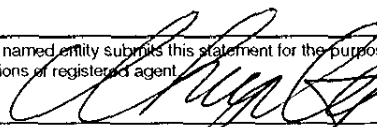
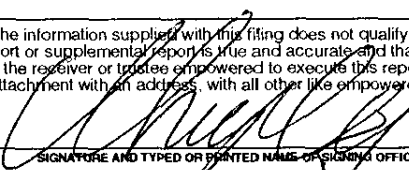


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91256 050 \*\*\*150.00

<b>DOCUMENT # P03000015597</b> 1. Entity Name <b>ULTRAWORLD PRODUCTIONS COMPANY</b>					
Principal Place of Business <b>3840-304 LYONS ROAD</b> <b>COCONUT CREEK, FL 33073</b>			Mailing Address <b>3840-304 LYONS ROAD</b> <b>COCONUT CREEK, FL 33073</b>		
2. Principal Place of Business <b>5531 NW 49TH TERRACE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>COCONUT CREEK</b>		City & State <b>FL</b>		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33073</b>	Country <b>USA</b>	Zip <b>33073</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHRISTIAN, CASTAGNA</b> <b>3840-304 LYONS ROAD</b> <b>COCONUT CREEK, FL 33073</b>				7. Name and Address of New Registered Agent Name <b>CHRISTIAN CASTAGNA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5531 NW 49 TERRACE</b> City <b>COCONUT CREEK</b> <b>FL</b> Zip Code <b>33073</b>	
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 <b>05/01/04</b> <small>Signature, typed or printed name of registered agent and U.S. applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P CASTAGNA, CHRISTIAN 3840-304 LYONS ROAD COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTAGNA, CHRISTIAN 5531 NW 49 TERRACE COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  DATE <b>05/01/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

94083751



04302004 Chg-P CR2E034 (10/03)