

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017075

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: HOPE INTERNATIONAL PRODUCTIONS CORP.

## Current Principal Place of Business:

1001 IVES DIARY ROAD  
SUITE 206  
MIAMI, FL 33179

## New Principal Place of Business:

## Current Mailing Address:

1001 IVES DIARY ROAD  
SUITE 206  
MIAMI, FL 33179

## New Mailing Address:

FEI Number: 25-1902072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE LAW OFFICES OF CRAIG M. DORNE, PA  
407 LINCOLN ROAD  
PENTHOUSE SOUTHEAST  
MIAMI BEACH, FL 33139 US

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: SWILLEY, WALLACE D  
Address: 1001 IVES DAIRY RD SUITE 206  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Change (X) Addition  
Name: SWILLEY, DEBORAH  
Address: 1001 IVES DAIRY RD SUITE 206  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Change (X) Addition  
Name: SWILLEY, JOSHUA  
Address: 1001 IVES DAIRY RD SUITE 206  
City-St-Zip: MIAMI, FL 33020

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: WALLACE DUANE SWILLEY

D

06/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date