2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Sep 30, 2004 8:00 am Secretary of State DOCUMENT # P03000020066 1. Entity Name BINDI PRODUCTIONS, INC. 09-30-2004 90012 013 ***550.00 Principal Place of Business Mailing Address 1198 VENETAIN WAY #102 MIAMI BCH FL 33139 1198 VENETAIN WAY #102 MIAMI BCH FL 33139 2. Principal Place of Business MOORE CR2E034 (4/04) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNNERY, TANYA L 1198 VENÉTAIN WAY #102 MIAMI BCH FL 33139 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. the obligations of SIGNATURE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TITLE Delete ☐ Addition NUNNERY, TANYA L NAME NAME 1198 VENETAIN WAY #102 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33139 CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . 🔲 Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 attachingent with an address, with all other like empowered.