

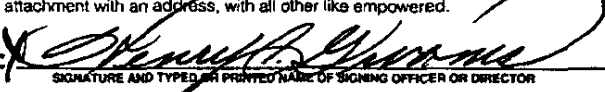


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-24-2004 90014 027 ***150.00

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|---|--|--|---|--|--|
| DOCUMENT # P03000021354 1. Entity Name HCG 5-STAR PRODUCTIONS III | | | |  | |
| Principal Place of Business 15848 SANCTUARY DRIVE TAMPA FL 33647 | | | Mailing Address 15848 SANCTUARY DRIVE TAMPA FL 33647 | | |
| 2. Principal Place of Business Suite, Apt. #, etc.: | | | 3. Mailing Address Suite, Apt. #, etc.: | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 27-0047776 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GROOMS, HENRY C 15848 SANCTUARY DRIVE TAMPA FL 33647 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: 2/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P <input type="checkbox"/> Delete NAME GROOMS, HENRY C STREET ADDRESS 15848 SANCTUARY DRIVE CITY-ST-ZIP TAMPA FL 33647 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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 attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 2/12/04 Daytime Phone # (813) 977-8487 | |