

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90067 020 \*\*\*150.00

**DOCUMENT # P03000022357**

1. Entity Name  
**PEBBLESTONE PRODUCTIONS, INC.**



Principal Place of Business      Mailing Address  
**945 MARINER DR.**      **945 MARINER DR.**  
**KEY BISCAIYNE FL 33149**      **KEY BISCAIYNE FL 33149**

2. Principal Place of Business      3. Mailing Address  
**3000 SW 22 ST.**      **3000 SW 22 ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1412**      **1412**

City & State      City & State  
**Coral Gables**      **Coral Gables**

Zip      Country      Zip      Country  
**33145**      **Miami-Dade**      **33145**      **Miami-Dade**



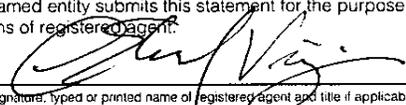
MOORE CR2E034 (11/03)

4. FEI Number      Applied For  
**80-0060475**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VIRGIN, CHARLES E JR.**  
**945 MARINER DR.**  
**KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)      **#1412**  
**3000 SW 22 ST.**  
 City      State      Zip Code  
**Coral Gables**      **FL**      **33145**

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:  **Charles E. Virgin, Jr. President**      DATE: **Apr. 15, 2004**

**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.            **\$5.00 May Be Added to Fees**

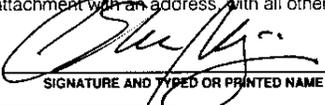
10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	VIRGIN, CHARLES E JR.	
STREET ADDRESS	945 MARINER DR.	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3000 SW 22 ST. #1412</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:  **Charles E. Virgin, Jr. President**      DATE: **Apr. 15, 2004**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone # **(305) 447 0531**