2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Oct 04, 2004 8:00 A.M. Secretary of State

DOCUMENT # P03000054341 1. Entity Name Simile PRODUCTIONS, INC. NIC 7/27/04						Secr	etáry	of Sta	te	
Principal Place of Business		Mailing Address								
ATTN: NED MCLEOD 284 PARK AVE NORTH WINTER PARK, FL 32789		ATTN: NED MCLEOD 284 PARK AVE NORTH WINTER PARK, FL 32789						1 88 00 8800 8 000 8 000 1000		12
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07132004	Chg-P	CR2E034 (10	/03)	
City & State		City & State			4. FEI Number		r	Applied For Not Applicable		
Zip	Country -	Zip .	_ Coun	try		5. Certificate	of Status Desire	d _ D \$8.7	5 Addi	tional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
W. EDWARD MCLEOD PA 284 PARK AVE NORTH INTER PARK, FL 32789				<u></u>	Un dress (f	Cy K. P P.O Box Numbe	r is Not Accept	R able)		
	,			229	<u>,</u>	+LMA	ST			
8 The above	named entity submits this statemen for	Atheorem se of channing its	rogistore	City 🖊		SIM m		FL 1	Code 34	74 (
8. The above named entity submits this statemen to 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.									and accorpty	
SIGNATURE_	Signature, typed or protect name of registered agent a	and this if applicable. (NOTE	E: Aegistered	d Agent signature	benuper e	when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Fina Trust Fund Contribution.				ncing		00 May Be ed to Fees	·			•
10.	OFFICERS AND		11.			ADDITIONS/	CHANGES TO (OFFICERS AND DIREC	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKENS, GENTRY L II 284 PAR AVE NRTH WINTER PARK, FL 32789	☐ Delete		_	92	g Max Brlan	well 9	3780A 2-	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				10/05	•	۵۵ 1 6043 1.		☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dalete		1				□ C+	ange	Addition

12. I hereby certify that the information supplied with this filling 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

7/3/04

Daytime Phone #

Gentry Akens II 920 Maxwell Street Orlando, FL 32804 July 16, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Buzzie Productions LLC and Akens Enterprises, Inc.

Enclosed is check #1018 for the 2004 LTD Liability Company Annual Report and check #1021 for Akens Enterprises, Inc. The attorney who set up the companies, for some reason used his office as the address for all the correspondence. I received a note from him early July telling me that he had not filed any annual papers for the company and so I was now delinquent. I had no idea of what he was speaking. After speaking to my accountant, she apprised me that was indeed a problem.

Due to the fact that this is a new business for me and I had no idea of what was occurring. I am enclosing forms down loaded from your web site with all the correct information, as well as checks for \$150.00 (total \$300.00) to hopefully correct this situation. I ask your assistance and understanding in helping me get my companies corrected and in compliance.

Sincerely,

Gentry Akens II

end.