


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90756 012 \*\*\*150.00

<b>DOCUMENT # P03000063487</b> 1. Entity Name <b>KMA PRODUCTIONS, INC.</b>					
Principal Place of Business <b>520 NORTH ORLANDO AVENUE SUITE 38</b> <b>WINTER PARK FL 32789</b>			Mailing Address <b>520 NORTH ORLANDO AVENUE SUITE 38</b> <b>WINTER PARK FL 32789</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 38</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 38</b>			
City & State 		City & State 			
Zip 		Country 		Zip 	
Country 		Country 			
<b>6. Name and Address of Current Registered Agent</b> <b>HABER, LAWRENCE H ESQ</b> <b>606 FRONT STREET</b> <b>CELEBRATION FL 34747-0171</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Richard J. Spiller</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 N. Orlando Avenue, Suite 38</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>		
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 <u><i>Richard J. Spiller</i></u> DATE <u>04/02/04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFACE, SUZANNE 520 NORTH ORLANDO AVENUE SUITE 38 WINTER PARK FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 38
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Suzanne M. De Lee</i></u> DATE <u>3/31/04</u> DAYTIME PHONE <u>407-478-2898</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E034 (11/03)