


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90045 008 \*\*\*150.00

DOCUMENT # P03000071824  
 1. Entity Name  
 FLICKERFLY PRODUCTIONS INC.



Principal Place of Business Mailing Address  
 543 NORTHBRIDGE DR 543 NORTHBRIDGE DR  
 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

24028924



2. Principal Place of Business 3. Mailing Address  
 3142 - 3rd Avenue North 3142 - 3rd Avenue North  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State City & State  
 St. Petersburg, FL St. Petersburg, FL

4. FEI Number Applied For  
 51-0474328 Not Applicable

Zip Country Zip Country  
 33713 USA 33713 USA

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

6. Name and Address of Current Registered Agent  
 GEMELLI, MICHAEL A II  
 543 NORTHBRIDGE DR  
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent  
 Name ADDRESS CHANGE ONLY  
 Street Address (P.O. Box Number is Not Acceptable)  
 3142 - 3rd Avenue North  
 City St. Petersburg FL Zip Code 33713

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GEMELLI, MICHAEL A II	543 NORTHBRIDGE DR	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3142 - 3rd Avenue North	St. Petersburg, FL 33713	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: MA Gemelli Date: 3/19/04 Daytime Phone #: 407-230-0664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR