2004 FOR PROFIT CORP ANNUAL REPOR

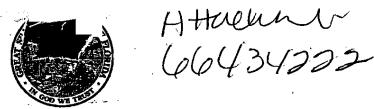
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 28, 2004 8:00 am 5/10/ Secretary of State DOCUMENT # P03000073468 1. Entity Name 05-10-2004 90459 010 ***150.00 ANTI-SOCIAL INC. Principal Place of Business Mailing Address 227 NORTHMAGNOJA AVE 54 NORTHOPANGE AVE OPLANDO, FL 32801 **SUTE 210** OFLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 200093902 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOUNDATION PRODUCTIONS INC. 227 NORTH MAGNOLIA AVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** ORLANDO, FL 32801 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE ☐ Delete TITLE ☐ Change ☐ Addition MITCHELL, GERARD L MAMF NAME STREET ADDRESS 227 NORTH MAGNOLIA AVE SUITE 210 STREET ADDRESS CITY-ST-ZI ORLANDO, FL 32801 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MCRANEY, MICHAEL D NAME HAME STREET ADDRESS 227 NORTH MAGNOLIA AVE SUITE 210 STREET ADDRESS CITY-ST-2IP ORLANDO, FL 32801 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De ete TITLE ☐ Change (Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empoy

FILED

5. 3.09 4074204669



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

May 19, 2004

ANTI-SOCIAL INC. 227 NORTH MAGNOLIA AVE SUITE 210 ORLANDO, FL 32801

Subject: ANTI-SOCIAL INC.

Reference Number:

P03000073468

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RW ANNUAL REPORTS SECTION