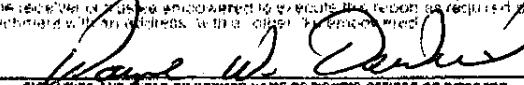


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90008 026 ***550.00

DOCUMENT # P03000081851					
1. Entity Name WAYNE'S WORLD PRODUCTIONS INC.					
Principal Place of Business 1135 FERNWOOD ROAD TALLAHASSEE, FL 32304			Mailing Address 1135 FERNWOOD ROAD TALLAHASSEE, FL 32304		
2. Principal Place of Business			3. Mailing Address		
State, incl. #, etc.			State, incl. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FE Number 06-1704556				☐ Adopted For ☐ Not Adopted For	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEWEIL, WAYNE 1135 FERNWOOD ROAD TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number & Post Office City)	
				City	
				FL 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 consent to the qualifications of registered agent.					
SIGNATURE _____					
FILE NOW!!! FEE is \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete DEWEIL, WAYNE 1135 FERNWOOD ROAD TALLAHASSEE, FL 32304	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information furnished with this report does not qualify for the exemption stated in Section 1101.003(1)(f), Florida Statutes. I further certify that the information reported on this report is true and accurate and that my signature and name on the same shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of assets and am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of this report.					
SIGNATURE: 			9-8-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					