

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90235 011 \*\*\*150.00

**DOCUMENT # P03000088365**

1. Entity Name  
**BLUE DOLPHIN FILMS, INC.**



Principal Place of Business Mailing Address  
~~301 EAST PINE STREET, SUITE 1400~~ ~~301 EAST PINE STREET, SUITE 1400~~  
~~ORLANDO, FL 32801~~ ~~ORLANDO, FL 32801~~

14011040



2. Principal Place of Business 3. Mailing Address  
~~c/o Align Mark~~ ~~c/o Align Mark~~  
~~1057 Maitland Center~~ ~~1057 Maitland Center~~  
~~Commons, Suite 200~~ ~~Commons, Suite 200~~  
City & State City & State  
~~Maitland, FL~~ ~~Maitland, FL~~

04022004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0144956 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
BAUERLE, KURTIS T ESQ. Name  
~~301 E. PINE STREET, SUITE 1400~~ Street Address (P.O. Box Number is Not Acceptable)  
~~ORLANDO, FL 32801~~ 250 S. Orange Avenue  
The Park Building, Suite 100  
City Orlando FL Zip Code 32801

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUERLE, KURTIS T ESQ.		NAME		
STREET ADDRESS	<del>301 EAST PINE STREET, SUITE 1400</del>		STREET ADDRESS	250 S. Orange Av., The Park Bldg. #100	
CITY-ST-ZIP	<del>ORLANDO, FL 32801</del>		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAFFEE, M. BRETT		NAME		
STREET ADDRESS	1057 MAITLAND CENTER COMMON BLVD. STE 200		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

407-843-0404

Daytime Phone #