

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000088365

1. Entity Name  
BLUE DOLPHIN FILMS, INC.



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

Mailing Address  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801

2. Principal Place of Business  
c/o Align Mark  
Suite Apt. # etc  
1057 Maitland Center Commons, Suite 200  
City & State  
Maitland, FL  
Zip 32751 Country USA  
3. Mailing Address  
c/o Align Mark  
Suite Apt. # etc  
1057 Maitland Center Commons, Suite 200  
City & State  
Maitland, FL  
Zip 32751 Country USA

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

BAUERLE, KURTIS T ESQ.  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)  
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

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  
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 D  Delete  
NAME BAUERLE, KURTIS T ESQ.  
STREET ADDRESS 301 EAST PINE STREET, SUITE 1400  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D  Delete  
NAME JAFFEE, M. BRETT  
STREET ADDRESS 1057 MAITLAND CENTER COMMON BLVD. STE 200  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS 250 S. Orange Av., The Park Bldg. #100  
CITY-ST-ZIP Orlando, FL 32801

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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

4-27-04 407-843-0404

Date Daytime Phone #

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

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