

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90013 029 ***150.00

DOCUMENT # P03000092743

1. Entity Name

WAVELENGTH PRODUCTIONS, INC.



Principal Place of Business

**699 N. DIXIE FREEWAY
102
NEW SMYRNA BEACH FL 32168**

Mailing Address

**699 N. DIXIE FREEWAY
102
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

504 N. Riverside

Suite, Apt. #, etc.

3. Mailing Address

504 N. Riverside

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

Edgewater, FL

Zip
32132

Country
USA

Zip
32132

Country
USA

4. FEI Number

20-0255142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (4/04)

6. Name and Address of Current Registered Agent

**WILD, KEVIN
699 N. DIXIE FREEWAY
102
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name

Kevin Wild

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

504 North Riverside Drive

City

Edgewater

FL

Zip Code

32132

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILD, KEVIN**
STREET ADDRESS **699 N. DIXIE FREEWAY, #102**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Wild, Kevin**
STREET ADDRESS **504 N. Riverside Drive**
CITY-ST-ZIP **Edgewater, FL 32132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

August 25, 2004 704.668.6001

Date

Daytime Phone #