2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P03000119996

Entity Name: SLICE STUDIOS OF FLORIDA, INC.

Current Principal Place of Business:

5006 E. COLONIAL DR., #5
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

5006 E. COLONIAL DR., #5
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-0507953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATKINS, ALLAN C
5006 E. COLONIAL DR., #5
TAMPA, FL 33611

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WATKINS, ALLAN C
Address: 707 N. FRANKLIN ST., SUITE 750
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: MCVAN, DANIEL K PRES
Address: 13105 ROYAL GEORGE AVE.
City-St-Zip: 0DESSA, FL 33556

Title: O ( ) Change (X) Addition
Name: JACOBSON, ANTHONY R VPRES
Address: 6D ROLLING GREEN DR.
City-St-Zip: FALL RIVER, MA 02720

Title: O ( ) Change (X) Addition
Name: THOMAS, JAMES B SEC
Address: 5006 E. COLONIAL DR. #5
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY R JACOBSON O 04/28/2004

Electronic Signature of Signing Officer or Director Date