2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119996

Title:

Name:

Address:

City-St-Zip:

Entity Name: SLICE STUDIOS OF FLORIDA, INC

FILED Apr 29, 2005 Secretary of State

Littley Ivan	02/02/07	ODIOS OF FLORIDA, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
5006 E. COLONIAL DR., #5 TAMPA, FL 33611			3212 TAMBAY AVE. TAMPA, FL 33611		
Current Mailing Address:			New Mailing Address:		
5006 E. CC TAMPA, FL	DLONIAL DR., 7 . 33611	‡ 5	3212 TAMBAY AVE. TAMPA, FL 33611		
FEI Number:	20-0507953	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
WATKINS, ALLAN C 5006 E. COLONIAL DR., #5 TAMPA, FL 33611 US			WATKINS, ALLAN C 3212 TAMBAY AVE. TAMPA, FL 33611 US		
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/29/2005	
Election Carr		c Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WATKINS, ALLA	N ST., SUITE 750	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	0 ()	Doloto	Title:		
Name: Address: City-St-Zip:	MCVAN, DANIEL 13105 ROYAL G ODESSA, FL 33	. K PRES EORGE AVE.	Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY R JACOBSON O 04/29/2005

() Delete

THOMAS, JAMES B SEC

TAMPA, FL 33611

5006 E. COLONIAL DR. #5

() Change () Addition