

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156800

FILED
Apr 22, 2004
Secretary of State

Entity Name: DREAMTIME ENTERTAINMENT, INC.

Current Principal Place of Business:

3613 DEL PRADO BLVD STE 202
CAPE CORAL, FL 339047140

New Principal Place of Business:

Current Mailing Address:

3613 DEL PRADO BLVD STE 202
CAPE CORAL, FL 339047140

New Mailing Address:

FEI Number: 65-0803325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIFFAR, JOHN E
3412 SE 22ND AVE
CAPE CORAL, FL 339044423 US

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: DPT () Delete
Name: BIFFAR, JOHN E
Address: 3412 SE 22ND AVE
City-St-Zip: CAPE CORAL, FL 339044423

Title: DS () Delete
Name: BIFFAR MYER, JULIA
Address: 1301 NE 19TH AVE
City-St-Zip: CAPE CORAL, FL 339091651

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN BIFFAR

DPT

04/22/2004

Electronic Signature of Signing Officer or Director

Date