## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 12, 2004 8:00 am Secrétary of State DOCUMENT # P0400000330 07-12-2004 90016 027 \*\*\*150.00 1. Entity Name MOXIE VIDEO PRODUCTIONS INC Principal Place of Business Mailing Address 44047974 202 AMERICAS CUP BLVD. 202 AMERICAS CUP BLVD. BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address C/O.MARVIN B. TURETSKY CPA PLLC 4601 66TH STREET WEST Suite, Apt. #, etc. Suite, Apt. #, etc 07082004 Chg-P CR2E034 (10/03) APT. 802-B 200 MADISON AVENUE, SUITE 2310 City & State City & State 4. FEI Number Applied For 20-0552875 BRADENTON, FL NEW YORK, NY Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 34210 10016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. LIOTTA, CHARLES LIOTTA, CHARLES Street Address (P.O. Box Number is Not Acceptable) 202 AMERICAS CUP BLVD. BRADENTON, FL 34208 4601 66TH STREET WEST, APT. 802-B 长音 Zip Code 34210 City BRADENTON 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete X Change Addition TITLE TITLE PRESIDENT LIOTTA, CHARLES NAME LIOTTA, CHARLES 4601 66TH STREET WEST, APT. 802-B STREET ADDRESS 202 AMERICAS CUP BLVD. STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CHY-ST-7IP BRADENTON, FL 34208 Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition .□ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 reperties 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 attachmen with all other like empowered.

CHARLES LIOTTA, PRESIDENT
PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

941-794-3149

SIGNATURE: