

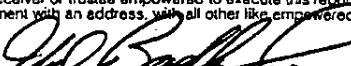


FILED
Sep 12, 2005 8:00 am
Secretary of State

66027200

DOCUMENT # P04000005981				06-29-2005 90003 037 ***150.00	
1. Entity Name GYPSY WITCH PRODUCTIONS, INC.					
Principal Place of Business 4243 NW 107TH AVE SUITE 305 MIAMI, FL 33178		Mailing Address 4243 NW 107TH AVE SUITE 305 MIAMI, FL 33178		66027200	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 02-0714274	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when remediating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PVST NAME: BRADLEY, UAL JR STREET ADDRESS: 4243 NW 107TH AVE SUITE 305 CITY- ST- ZIP: MIAMI, FL 33178 <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: D NAME: BRADLEY, UAL JR STREET ADDRESS: 4243 NW 107TH AVE SUITE 305 CITY- ST- ZIP: MIAMI, FL 33178 <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY- ST- ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  03/15/05 (305) 807-0515					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT



660 27200

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 30, 2005

GYPSY WITCH PRODUCTIONS, INC.
4243 NW 107TH AVE SUITE 305
MIAMI, FL 33178

Subject: **GYPSY WITCH PRODUCTIONS, INC.**

Reference Number: **P04000005981**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc

ANNUAL REPORTS SECTION

ATTACHMENT

66027200

GYPSY WITCH PRODUCTIONS, INC.
4243 NW 107TH AVENUE STE 305
MIAMI, FL. 33178

September 8, 2005

Florida Department of State
Division of Corporations
Po Box 6327
Tallahassee FL. 32314

Ref: P04000005981 (Annual Business Report)

Dear Sir/Madam,

In reference to your letter of June 30, 2005. I would like to request a waiver of the late fees (\$400.00).. This report was filed on a timely manner, before May 1st. It was mailed to the address on the report. It appears that the original address was wrong. The check was cashed about a month after it was mailed. I do not understand the reason for the delay. I should not be held responsible for an error on behalf of the department.

Please abate the late fees. Your kind attention to this matter is greatly appreciated.

Sincerely,


Uai Bradley
President