2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State
04-25-2005 90282 002 ***150.00

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DOCUMENT # P04000012486

1. Entity Name
ARTISTS IN MOTION COSTUME COMPANY, INC.

66019693

Principal Place of Business	Mailing Address
1007 N. HIMES AVE. TAMPA, FL 33607	P.O. BOX 26141 TAMPA, FL 33623

03302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3040 W. Cypress St.	P.O. Box 26141
Suite, Apt. #, etc. Suite B & C	Suite, Apt. #, etc.
City & State Tampa, Fl.	City & State Tampa, Fl.
Zip 33609 Country Hillsborough	Zip 33623-6141 Country Hillsborough

4. FEI Number
06-1716015
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERNST, MATTHEW L 1007 N. HIMES AVE TAMPA, FL 33607	Name: Matthew L. Ernst Street Address (P.O. Box Number is Not Acceptable): 3040 W. Cypress Street Suite B & C. City: Tampa FL Zip Code: 33609

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 _____ DATE
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOTO, CHRISTOPHER J 1007 N. HIMES AVE TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Christopher J. Loto 3040 W. Cypress Stet Tampa, Fl. 33609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ERNST, MATTHEW L 1007 N. HIMES AVE TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Matthew L Ernst 3040 W. Cypress St. Tampa Fl. 33609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. LOTO, CHRISTOPHER J 1007 N. HIMES AVE TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Christopher J. Loto 3040 W. Cypress St. Tampa Fl. 33609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES ERNST, MATTHEW L 1007 N. HIMES AVE TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres Matthew L. Ernst 3040 W Cypress St Tampa, Fl. 33609	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 4.20.05 813-373-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #