## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: (

GN TUPE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 11, 2005 8:00 am DOCUMENT # P04000015877 **Secretary of State** 03-11-2005 90299 038 \*\*\*150.00 MISBEHAVIN' FILM PRODUCTIONS, INC. Principal Place of Business -Mailing Address 4781 SO CITATION DR # 104-4781 SO CITATION DR # 104 **DELRAY BEACH FL 33445 DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address 9210 EQUUS CIRCLE 9210 EQUUS CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For -1902302 BOYNTON BEACH BOYNTON BEACH Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INCORPORATE USA, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR **CLEARWATER FL 33761** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 S. \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Detete TITLE Addition TITLE P.S GIUSTIZIA, JOSEPH NAME NAME 9210 EQUUS CIRCLE 4781 SO. CITATION DR # 104 STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL. 33437 CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE Delete 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 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.

FILED