2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P0400018094 1. Entity Name MOXY ROXIE PRODUCTIONS INC.						(04-04-200	05 9009	2 013 ***1:	50.00
Principal Place of Business Mailing Address								3.		
702 FOXGLO Brandon, Fi		702 FOXGLOVE PLACE Brandon, FL 33510						•	50033	505
2. Principal Place of Business 3206 W. A2EELE Suite, Apt. #, etc. 3. Mailing Address 3206 W. AZE Suite, Apt. #, etc.			$\epsilon\iota\varepsilon$							
	121	/2/			0330200		Chg-P	CR	2E034 (10/03)	
City & State TAMPA		City & State Tomph FC			4. FEI Nu	mber $\mathcal{O} hicksim$	089	5104		pplied For lot Applicable
Zip /	EL. Country 45	Zip Ci	ountry				tatus Desire		\$8.75 Ad Fee Requir	Iditional
	Name	7. Name and Address of New Registered Agent								
HUNT, SC 702 FOXG		Street Address (P.O. Box Number is Not Acceptable)								
BRANDON, FL 33510						/2				
			City	City TAMPA					Zip Coo	de 9
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 a	nd title il applicable. (NOTE: Regis	stered Agent signal	ure required t	when reinstating	1)		DA	TE .	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fi Trust Fund Contribution		\$5. 0 Adde	00 May Be ed to Fees	,				
10.	OFFICERS AND I		11.		ADDITIO	NS/CH	ANGES TO C	FFICERS	AND DIRECTOR	
TITLE Name	PRES HUNT, SCOTT		title Name				- 1 E +	/1 /	Change	Addition
STREET ADDRESS	702 FOXGLOVE PLACE		STREET ADDRESS	3200	6 D. 1	4260	ELE #,	<i>(L)</i>		
CITY-ST-ZIP	BRANDON, FL 33510 ———		CITY-ST-ZIP	/Ar	n PR	PL	33609			
TITLE NAME			TITLE RIAME						☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS							
CITY+ST-ZIP			CITY-ST-ZIP						☐ Change	Addition
NAME			TITLE NAME						∟ change	☐ Addition
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP						☐ Change	Addition
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STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP TIRE						☐ Change	Addition
NAME			NAME						onango	
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE			TITLE						Change	Addition
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					*		
	Lertify that the information supplied with			ted in Sec	ction 119.07	7(3)(i), F	orida Statute	es. I further	certify that the	information
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 eath; 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.										