
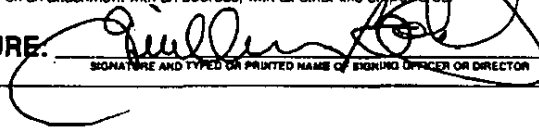


FILED
May 13, 2005 8:00 am
Secretary of State

4/1

04-13-2005 90059 043 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|---|--|--|
| DOCUMENT # P04000041553 1. Entity Name WALTERVISION PRODUCTIONS, INC. | |  |
| Principal Place of Business 6505 BLUE LAGOON DR, STE 430 MIAMI, FL 33126 | | Mailing Address 6505 BLUE LAGOON DR, STE 430 MIAMI, FL 33126 |
| 2. Principal Place of Business P.O. Box 402458 | | 3. Mailing Address P.O. Box 402458 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State Miami Beach, FL | | City & State Miami Beach, FL |
| Zip 33141 | Country | Zip 33141 |
| 4. FEI Number 26-0082039 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent STOLAR, DAVID M 1350 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> |
| B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| 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 D NAME STOLAR, DAVID M <input checked="" type="checkbox"/> Delete STREET ADDRESS 1350 KANE CONCOURSE CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE Director NAME Bakula, Guillermo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 9999 Collins Avenue, #12A CITY-ST-ZIP Bal Harbour, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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)(f), 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 employees. | | |
| SIGNATURE:  | | Date: 3-28-05 Daytime Phone #: 305-5729390 |

66017053



02092005 Chg-P CR2E034 (10/03)