

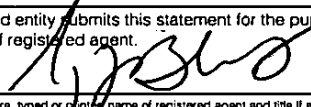
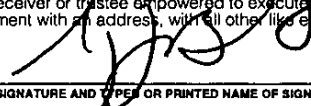


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90091 018 ***150.00

DOCUMENT # P04000048893 1. Entity Name ESB PRODUCTIONS, INC.					
Principal Place of Business 824 E ATLANTIC AVE STE 6 DELRAY BEACH, FL 33483			Mailing Address 6040 NW 43RD TERRACE BOCA RATON, FL 33496		
2. Principal Place of Business 824 E Atlantic Ave Suite, Apt. #, etc. Suite 7 City & State Delray Beach FL Zip 33483		3. Mailing Address 824 E Atlantic Ave Suite, Apt. #, etc. Suite 7 City & State Delray Beach, FL Zip 33483			
4. FEI Number 06-1634833		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 BLOUNT, GREG J 6040 NW 43RD TERRACE BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name Blount, Greg J Street Address (P.O. Box Number is Not Acceptable) 824 E Atlantic Avenue Suite 7 City Delray Beach FL Zip Code 33483		
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 3/12/05 <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 NAME STREET ADDRESS CITY-ST-ZIP	P BLOUNT, GREG J 6040 NW 43RD TERRACE BOCA RATON, FL 33496	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blount, Greg J 824 E Atlantic Avenue Suite 7 Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 	<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:  DATE 3/18/05 DAYTIME PHONE # 561-279-4685 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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