

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072249

FILED
Feb 03, 2005
Secretary of State

Entity Name: PSYCHO HITS PRODUCTIONS, INC.

Current Principal Place of Business:

18900 NORTHWEST 31ST AVENUE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

18900 NORTHWEST 31ST AVENUE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 54-2151351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LENON, RICKEY II
Address: 18900 NORTHWEST 31ST AVENUE
City-St-Zip: MIAMI, FL 33056

Title: VSTD () Delete
Name: SCOTT, SYLVIA
Address: 18900 NORTHWEST 31ST AVENUE
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change () Addition
Name: SCOTT, SYLVIA
Address: 4341 SW 160 AVE UNIT#105
City-St-Zip: MIAMI, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA L. SCOTT

VSTD

02/03/2005

Electronic Signature of Signing Officer or Director

Date