

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089461

Entity Name: AUGUST FILMS, INC.

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

22 S CENTRAL AVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

22 S CENTRAL AVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 68-0587223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEE, AARON
22 S CENTRAL AVE
APOPKA, FL 32703 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Change (X) Addition
Name: NEE, ANN M
Address: 22 S. CENTRAL AVE
City-St-Zip: APOPKA, FL 32703

Title: VP () Change (X) Addition
Name: NEE, ADAM T
Address: 629 E 5TH #17
City-St-Zip: NEW YORK, NY 10009

Title: P () Change (X) Addition
Name: NEE, AARON D
Address: 22 S CENTRAL AVE
City-St-Zip: APOPKA, FL 32703

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: AARON NEE

P

03/02/2005

Electronic Signature of Signing Officer or Director

Date