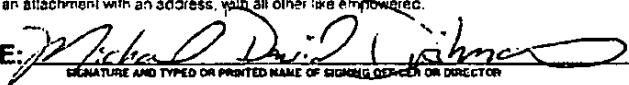


FILED
Jun 02, 2005 8:00 am
Secretary of State

05-04-2005 90119 014 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000132920			
1. Entity Name BMD PRODUCTIONS, INC.			
Principal Place of Business 2310 DENMARK STREET CLEARWATER, FL 33733		Mailing Address 2310 DENMARK STREET CLEARWATER, FL 33733	
2. Principal Place of Business 6002 Hovan Ave		3. Mailing Address 6002 Hovan Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plant City		City & State Plant City	
Zip 33565		Zip 33565	
Country U.S.		Country U.S.	
4. FEI Number 38-3709899		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DISHMAN, MICHAEL DAVID 2310 DENMARK STREET CLEARWATER, FL 33733		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVD DISHMAN, MICHAEL DAVID 2310 DENMARK STREET CLEARWATER, FL 33733 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD DISHMAN, GRETCHEN R 2310 DENMARK STREET CLEARWATER, FL 33733 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		4/29/05 813-60-0481 Date Office Phone	