## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 08:00 AM Secretary of State

| AIRIOAE ILEI OILI   |  |   |  |  | Secretary of State  |                    |          |  |
|---|--|---|--|--|---------------------|--------------------|----------|--|
| DOCUMENT # P24228  1. Entity Name ALLAN C. HILL PRODUCTIONS, INC.   |  |   |  | THE PROPERTY OF THE PROPERTY O | Sec                 | retary             | oi State |  |
| Principal Place<br>2477 STICKN<br>SUITE #321<br>SARASOTA, F   | IEY PT. ROAD<br>B  | Mailing Address<br>2477 STICKNEY PT. ROAD<br>SUITE #321 B<br>SARASOTA, FL 34231 |  |  |                     |                    |          |  |
| D   | O NOT WRITE  | CE  | 04262004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 23-2113036 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required |  |                     |                    |          |  |
| 6. Name and Address of Current Registered Agent   |  |   |  |  |                     |                    |          |  |
| HILL, ALLAN C<br>2477 STICKNEY POINT RD<br>STE 311B<br>SARASOTA, FL 34231   |  |   | DO NOT WRITE<br>IN THIS SPACE  |  |                     |                    |          |  |
| 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  Signature, typed or printed name of registered agent and title If applicable. (NOTE Registered Agent signature required when reinstating)  DATE |  |   |  |  |                     |                    |          |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  |  |   |  | .00 May Be<br>ded to Fees  | 000000<br>05/03/04- | 145148<br>80012-02 | 5 150.00 |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND D PD HILL, ALLAN C. 2121 MICHELE DRIVE SARASOTA, FL VS HILL, THERESA M. 1756 KESTRAL PARK DR SARASOTA, FL | RÉCTORS   |  | -  | <del>-</del>        |                    |          |  |
| UTLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  | DO NOT WRITE<br>IN THIS SPACE   |  |  |                     |                    |          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |  | <del>.</del>   |                     |                    | . *      |  |

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR DARKTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Phone #