

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000008859

1. Entity Name  
CHRIS BROWNE'S COMIC WORKS, INC.



Principal Place of Business  
531 REID STREET  
SARASOTA, FL 34242

Mailing Address  
531 REID STREET  
SARASOTA, FL 34242

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0380343

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LYONS, ROBERT G  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237-7

**DO NOT WRITE  
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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BROWNE, CHRIS
STREET ADDRESS	531 REID ST
CITY-STATE-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	BROWNE, CARROLL A
STREET ADDRESS	531 REID ST
CITY-STATE-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	SMITH, ASHLEY L
STREET ADDRESS	531 REID ST
CITY-STATE-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000102325  
04/05/04-80011-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Carroll A. Browne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04

941/346-2568

LEADS

Daytime Phone #