2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 28, 2005 08:00 AM DOCUMENT # P93000051442 **Secretary of State** 1. Entity Name GREAT SCOTT FILM PRODUCTIONS INC Principal Place of Business Mailing Address 2609 26TH COURT JUPITER FL 33477 2609 26TH COURT JUPITER FL 33477 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 65-0422572 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDSON, DONALD S Street Address (P.O. Box Number is Not Acceptable) 2609 26TH COURT JUPITER FL 33477 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. [7] Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete CEOC THILE ☐ Change ☐ Addition TITLE NAME RICHARDSON, D.S. NAME U00000278894 2609 26TH COURT STREET ADDRESS STREET ADDRESS 03/28/05-80046-003 150.00 CITY-ST-ZIP JUPITER FL CHY-ST-7P **CFO** Delete THILE Change Addition HILE NAME RICHARDSON, BARBARA J NAME 2609 26TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP □ Chanαe THE ☐ Addition TOTALE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change 1111.5 Delete 10117 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete une HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY SI-ZIP

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

SIGNATURE: