

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90060 007 ***158.75

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1. Entity Name
R K W FILM SERVICES, INC.



Principal Place of Business

1535 SW 17TH STREET, SUITE B206
FORT LAUDERDALE, FL 33316 US

Mailing Address

1535 SW 17TH STREET, SUITE B206
FORT LAUDERDALE, FL 33316 US

94009944



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0442745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, RUSSELL K
% ACCOUNTING & BUSINESS CONSULTANTS, INC.
1535 SE 17TH STREET, SUITE B206
FT LAUDERDALE, FL 33316

**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 reinstating)

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	P
NAME	WILLIAMS, RUSSELL K
STREET ADDRESS	16 N CAROLINA AVE SE
CITY- ST- ZIP	WASHINGTON, DC 20003
TITLE	VP
NAME	VISCLOSKY, ANNAMARIE
STREET ADDRESS	16 N CAROLINA AVE, SE
CITY- ST- ZIP	WASHINGTON, DC 20003
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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:

ANNA MARIE VISCLOSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRES.

1-29-04

Date

954-462-6045

Daytime Phone #