

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030445

Entity Name: TOP LINE CINEMA INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

1404 LAYAFETTE ST
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

1404 LAFAYETTE ST
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0495268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOPPEL, RHONDA
3621 BAY CREEK DRIVE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOPPEL, RHONDA
Address: 3621 BAY CREEK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: BEAUVIOS, SUSAN
Address: 15467 CRYSTAL LAKE DR.
City-St-Zip: FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BEAUVIOS, SUSAN
Address: 16540 PARTRIDGE CLUB RD #103
City-St-Zip: FORT MYERS, FL 33908 50

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA TOPPEL

D

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date