2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-DP

SIGNATURE

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P94000047303 t. Entity Name REEL FAITH, INC. Mailing Address Principal Place of Business 10992 ROCK ISLAND DR 10992 ROCK ISLAND DR JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 No Chg-P CR2E034 (10/03) 02042004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3254404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MEYER, THOMAS D 10992 ROCK ISLAND DR JACKSONVILLE, FL 32257 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title 4 applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST HIEF NAME MEYER, THOMAS D U00000128652 04/26/04-80047-807 150.00 10992 ROCK ISLAND DR STREET ADDRESS City-ST-ZIP JACKSONVILLE, FL 32257 HILE NAME STREET ADDRESS City-St-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-SI-ZIP me NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED