2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2005 08:00 AM DOCUMENT # P95000000668 **Secretary of State** 1. Entity Name ST GEORGE PRODUCTIONS, INC. Principal Place of Business Mailing Address 100 EL DONADO PKWAY PLANTATION FL 33317 100 EL DONADO PKWAY PLANTATION FL 33317 2. Principal Place of Business_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0544147 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ST GEORGE, JOHN Street Address (P.O. Box Number is Not Acceptable) 2731 S PALM AIRE DR POMPANO BEACH FL 33069 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 Signature, typod or printed name of registated agent and title if applicable (NOTE Registered Agen) signature required when reinstating) DATE 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. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (tite THE ☐ Delete Change Addition U00000204355 ST GEORGE, JOHN NAME NAME 01/31/05-80002-007 150.00 STREET ADDRESS 100 EL DORADO PARKWAY STRUET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CiTY-51-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHTY-ST-ZIP nue☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ACORESS EHY-ST-7/P CITY-ST-ZIP ☐ Change DILE □ Delete TITLE Addition: NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP TITLE DHE Change Addition ☐ Delete NAM[NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHY-ST-ZIP Delete DITT Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST- 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 1 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-20-05 954-587-11