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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018961

1. Entity Name

TWILIGHT PRODUCTION, INC.



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City & State Country Country Country S. Certificate of Status Dealerd See Regular Sequence 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent CAFFARD, BERNARD W JR. 1256 SE PALM BEACH ROAD **PORT ST. LUCIE FI. 34932 City FL Zip Code	2. Principal Place of Business				3. Mailing Address				I 18811681 III IBINI NIIII ONIII BUIII BUIII DRIII		. 3 1101 1101 1601	
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1256 SE PALM BEACH ROAD PORT ST. LUCIE FL 34952 City FL Zip Code	CAFFARO, BERNARD W JR.							,				
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File Now!!! FEE IS \$150.00	1							Street Address (F.O. Box Number is Not Acceptable)				
## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. Signature Signa	PURI SI.	LUCIE FL	34932									
SIGNATURE Signature Proposition of registered agent and the f applicable. ProTEE Registered Agent signature received when reintalizing) EAST				City		Fl	Zip Coo	de I				
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After May 1, 2003 Fee will be \$550.00 May Be Added Check Payable to Florida Department of State 10: OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: NAME STREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS OTY-ST-ZIP TO Change TO Change Addition TITLE NAME STREET ADDRESS OTY-ST-ZIP TO Change TO Change TO Change Addition TITLE NAME STREET ADDRESS OTY-ST-ZIP TO Change TO Change TO Change Addition TO Change TO Change TO Change Addition TITLE NAME STREET ADDRESS OTY-ST-ZIP TO CHANGES TO CHANGES TO CHA	Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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2. 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

SHANTURE AND TYPED OR PRINTED TRAVE OF SIGNING OFFICER OR DIRECTOR DAYS DAYS DAYS DAYS DAYS DAYS Phone #