


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000056625	
1. Entity Name SKY'S THE LIMIT MOTION PICTURE CORPORATION	

Principal Place of Business 161 SOUTHWEST 6TH TERRACE BOCA RATON, FL 33486	Mailing Address 2886 BANYAN BLVD CIRCLE NW BOCA RATON, FL 33431 US
--	--

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0602520	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MERLES, WALLACE R 2886 BANYAN BLVD CIRCLE NW BOCA RATON, FL 33431

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 _____ <small>Signature, typed or printed name of registered agent and tick applicable.</small>	NOTE: Registered Agent signature required when recertifying.	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000124029 04/22/04-80028-013 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MERLES, WALLACE R 2886 BANYAN BLVD CIRCLE NW BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MERLES, ELLIOTT 161 SOUTHWEST 6TH TERRACE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MERLES, DAVID 161 SOUTHWEST 6TH TERRACE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE 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: <i>Wallace R. Merles</i> Director	4/14/04	561-395-2533
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		