2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

ANNUAL REPORT							CC4.4
DOCUI	MENT # P95000062		Secretary of State				
KNOĆKO	UT PRODUCTIONS, INC.	·					
Principal Place 1201 NE 178 N MIAMI BEA		_Mailing Address 1201 NE 178TH ST N MIAMI BEACH, FL 33162			\$ (\$10) 5 (()) 5(()) \$ 1 ()		FIF (1878 FF)(887)/ \$881
DO NOT WRITE IN THIS SPA			CE	01052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For			
-				65-059			Not Applicable .75 Additional Required
	6. Name and Address of Current	Registered Agent					
HARROW, 1201 NE 1 N MIAMI B			_	NOT W			
							Unanalish and annual
	named entity submits this statement fo lons of registered agent.	r the purpose of changing its register	red office or register	ed agent, or bo	ith, in the State of Fi	orida. Tam fami	liar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Register	ed Agent signature required	when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees		-	
10.	OFFICERS AND	DIRECTORS	1				
TITLE NAME STREET ADDRESS	PAS HARROW, DREW 1201 NE 178TH ST				U0000 01/14/05	0181202 -80040-01	04 150.00
CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS	N MIAMI BEACH, FL 33162				 —		
CITY-ST-ZIP				_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_		
TITLE			1				

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 leptortys true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attendment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

115105

305-389-5522

Daytime Phone #