


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90385 035 ***150.00

DOCUMENT # P95000063487	
1. Entity Name PROVIDENT ENTERTAINMENT, INC.	

Principal Place of Business 1700 MCMULLEN BOOTH ROAD SUITE B-5 CLEARWATER, FL 34619	Mailing Address 1700 MCMULLEN BOOTH ROAD SUITE B-5 CLEARWATER, FL 34619
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2. Principal Place of Business 107 HAMPTON ROAD Suite, Apt. #, etc. SUITE 120 City & State CLEARWATER FL Zip 33759 Country USA	3. Mailing Address 107 HAMPTON ROAD Suite, Apt. #, etc. SUITE 120 City & State CLEARWATER FL Zip 33759 Country USA
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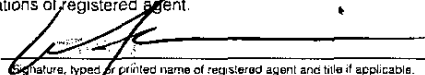


04132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3334979	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 WILLIAMS, WILSON F 1700 MCMULLEN BOOTH ROAD SUITE B-5 CLEARWATER, FL 34619	7. Name and Address of New Registered Agent Name WILLIAMS, WILSON F. Street Address (P.O. Box Number is Not Acceptable) 107 HAMPTON ROAD SUITE 120 City CLEARWATER FL Zip Code 33759
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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.

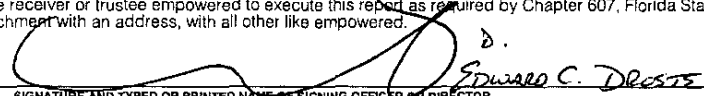
SIGNATURE  DATE **4/13/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROSTE, EDWARD C 1700 MCMULLEN BOOTH ROAD, #B-7 CLEARWATER, FL 34619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROSTE, EDWARD C. 107 HAMPTON ROAD, SUITE 120 CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SUSAN 2826 KAVALLIER DRIVE PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WILSON F 364 SHEFFIELD CIR. W PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/13/04** (727) 726-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR