


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000078537	
1. Entity Name BACKSTREET PRODUCTION GROUP, INC.	

Principal Place of Business P.O. BOX 5176 JACKSONVILLE, FL 32247	Mailing Address P O BOX 5176 JACKSONVILLE, FL 32247
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DO NOT WRITE IN THIS SPACE



05192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3338029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERLIN, WADE M 2190 TRAYMORE RD JACKSONVILLE, FL 32207
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P BERLIN, WADE M 2190 TRAYMORE RD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP BERLIN, E. DIANNE 2190 TRAYMORE RD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

1000000161072
05/20/04-80004-013 150.00

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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: <u>E. DeDuxe Berlin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>5/19/04</u> <u>904-398-8730</u> <small>Date Daytime Phone</small>
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