2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 24, 2004 08:00 AM Secretary of State DOCUMENT # P96000099144 1. Entity Name 1. Entity Name MOTHERBOARD PRODUCTIONS, INC. Principal Place of Business Mailing Address 4950 GULF BLVD 4950 GULF BLVD 1008 1008 ST PETE BEACH, FL 33706 ST PETE BEACH, FL 33706 04012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3414156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JOHNSON, DAN L DO NOT WRITE 4950 GULF BLVD 1008 IN THIS SPACE ST PETE BEACH, FL 33706 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 Signature, typod or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Ð 33.LE NAME JOHNSON, DAN L 4950 GULF BLVD 1008 STREET ADDRESS CTTY-57-ZIP ST PETE BEACH, FL 33706 U000000161326 TITLE D 05/24/04-80003-024 150.00 WHE JOHNSON, RYAN S STREET ADDRESS 4950 GULF BLVD 1008 CITY-ST-ZP ST PETE BEACH, FL 33706 MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CXTY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filting 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 attackment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

SONATURE AND TYPED ON PRINTED NAME OF MONING OFFICER ON DIRECTOR

4/90/04 2274203060

FILED