2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State DÓCUMENT # P96000100024 1. Entity Name JOE'S GATEWAY PRODUCTIONS, INC. Mailing Address Principal Place of Business 719 TEAL LANE 719 TEAL LANE ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 CR2E034 (10/03) No Chg-P 04142004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3417883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GATES, JOE W JR DO NOT WRITE 719 TEAL LANE ALTAMONTE SPRINGS, FL 32701 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. Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE, Registered Agent signature required when roinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GATES, JOE W JR U00000118051 04/19/04-80045-003 150.00 STREET ADDRESS 719 TEAL LANE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED ROUSE OF

GRING OFFICER OR DIRECTOR

1/14/04 407.3

FILED

407.332.1722