## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an

## **Secretary of State DOCUMENT # P97000013989** 01-24-2005 90042 027 \*\*\*150.00 1. Entity Name CHAOS FILMS, INC. Principal Place of Business Mailing Address 40004924 <del>19020 LAKE OSCEOLA LA</del>NE 19626 LAKE OSCEOLA LANE 9053A FL 33530-1709 9739 LAKE JASMINE DR TAMPA, FL 33626 TAMPA, FL 33626 01152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3424689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent RILEY, ROBERT G DO NOT WRITE 19620 LAKE OSCEOL 9739 LAKE JASMINE D ODESSA, FL 33556. 3 IN THIS SPACE TAMPA, FL 33626 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 if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. \*\*\*OFFICERS AND DIRECTORS DPST TITLE RILEY, ROBERT G NAME 9739 CAKEJASMINGUR 19626 LAKE OSCEOLA LANE STREET ADDRESS THMPH, FL 33626 CITY-ST-ZIP GDESSA, FL 335561799 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME : STREET ADDRESS

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Jan 24, 2005 8:00 am