
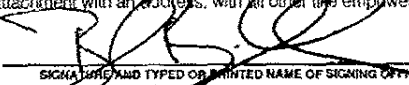


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000018632 1. Entity Name BALL STUDIOS, INC.		
Principal Place of Business 420 FLORIDA AVENUE WINTER GARDEN, FL 34787		Mailing Address P.O. BOX 770492 WINTER GARDEN, FL 34777
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MASHBURN, ERIC S 102 E MAPLE STREET WINTER GARDEN, FL 34787		DO NOT WRITE 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: _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALL, DOUGLAS F 420 FLORIDA AVENUE WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALL, JANE S 420 FLORIDA AVENUE WINTER GARDEN, FL 34787	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/30/04 407-686-3040 <small>Date Daytime Phone #</small>



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3434624** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U000000154240
05/04/04-80159-010 150.00

**DO NOT WRITE
IN THIS SPACE**