


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90006 034 \*\*\*150.00

<b>DOCUMENT # P97000033565</b>	
1. Entity Name <b>BLACKEYE PRODUCTIONS, INC.</b>	

Principal Place of Business <b>2133 N.E. 123RD STREET NORTH MIAMI, FL 33181</b>	Mailing Address <b>2133 N.E. 123RD STREET NORTH MIAMI, FL 33181</b>
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**14023484**

2. Principal Place of Business <b>12680 NE Miami Ct</b>	3. Mailing Address <b>12680 NE Miami Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06022004 Chg-P CR2E034 (10/03)

City & State <b>North Miami, Florida</b>	City & State <b>North Miami, Florida</b>
Zip <b>33161</b>	Zip <b>33161</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0747027</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WILLIG, RAY 2133 N.E. 123RD STREET NORTH MIAMI, FL 33181</b>	
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7. Name and Address of New Registered Agent Name <b>Ray Willig</b> Street Address (P.O. Box Number is Not Acceptable) <b>12680 NE Miami Court</b> City <b>North Miami</b> FL Zip Code <b>33161</b>	
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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 <b>Ray Willig</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>6/2/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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	PD WILLIG, RAY 2133 N.E. 123RD STREET NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ray Willig 12680 NE Miami Ct North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <b>Ray Willig</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>6/2/04</b>	Daytime Phone # <b>305-772-3657</b>
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