


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90013 024 \*\*\*150.00

<b>DOCUMENT # P97000048705</b> 1. Entity Name MG STUDIOS, INC.	
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Principal Place of Business 2005 TREE FORK LANE STE 113 UNIT D LONGWOOD, FL 32750	Mailing Address 2005 TREE FORK LANE STE 113 UNIT D LONGWOOD, FL 32750 US
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 89-3497059 NOT APPLICABLE	<input checked="" type="checkbox"/> 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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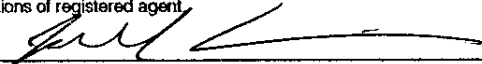
**6. Name and Address of Current Registered Agent**

GIBILISCO, MICHAEL  
13832 VISTA DEL LARGO  
CLERMONT, FL 34711

**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

  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/04

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees -**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GIBILISCO, MICHAEL
STREET ADDRESS	13832 VISTA DEL LAGO
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	GIBILISCO, CLAUDINE ANNE
STREET ADDRESS	13832 VISTA DEL LAGO
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04

Date

407-679-9291

Daytime Phone #