## 2004 FOR PROFIT CORPORATION FILED ANNUAL REPORT May 03, 2004 08:00 Al Secretary of State DOCUMENT # P97000058190 CARMAR PRODUCTIONS CORPORATION Principal Place of Business Mailing Address 4615 N.W. 6TH STREET 4615 N.W. 6TH STREET SUITE F SUITE F GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 04292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3502677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent ASSE, CARLOS F DO NOT WRITE 4615 N.W. 6TH STREET SUITE F IN THIS SPACE GAINESVILLE, FL 32609 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 approache. (NOTE: Registered Agent signature segured when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000150556 05/04/04-80009-022 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ASSE, CARLOS 4615 N.W. 6TH STREET, SUITE F STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32609 TITLE NAME STREET ADDRESS CITY-ST-ZIP FIRE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not study 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 distance empowered to directly this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607.

SIGNATURE:

MLE

STREET ADDRESS
CITY-ST-ZIP

BILE
MAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APR 2004 (352)375-4239

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