

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90048 012 \*\*\*150.00

**24056139**



01092004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000085322	
1. Entity Name WAYNE PRODUCTIONS, INC.	



Principal Place of Business C/O HUFFMAN 223 SUNSET AVE PALM BEACH, FL 33400 US	Mailing Address C/O HUFFMAN 223 SUNSET AVE PALM BEACH, FL 33400 US
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2. Principal Place of Business C/O HUFFMAN Suite, Apt. #, etc. 350 ROYAL PALM WAY #409 City & State PALM BEACH, FL Zip 33480 Country USA	3. Mailing Address C/O HUFFMAN Suite, Apt. #, etc. 350 ROYAL PALM WAY #409 City & State PALM BEACH, FL Zip 33480 Country USA
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4. FEI Number 65-0785394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUFFMAN, KENT ESQ. 223 SUNSET AVE PALM BEACH, FL 33400	7. Name and Address of New Registered Agent Name KENT HUFFMAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 350 ROYAL PALM WAY, SUITE 409 City PALM BEACH FL Zip Code 33480
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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 KENT HUFFMAN ESQ 4/20/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBER, KARL W C/O HUFFMAN 223 SUNSET AVE PALM BEACH, FL 33400 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KARL W. GRUBER C/O HUFFMAN, 350 ROYAL PALM WAY PALM BEACH, FL 33480 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE: Karl Gruber 4-22-04 561-602-5626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #