


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1082

FILED

04 OCT 21 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089627		
1. Entity Name FULL REIGN STUDIOS AND PRODUCTIONS INC.		

Principal Place of Business 12124 N.W. 36TH PLACE FORT LAUDERDALE, FL 33323	Mailing Address 12124 N.W. 36TH PLACE FORT LAUDERDALE, FL 33323
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2. Principal Place of Business 12124 N.W. 36TH PL	3. Mailing Address 12124 N.W. 36TH PL
Suite, Apt. #, etc. SUNRISE	Suite, Apt. #, etc. SUNRISE

City & State FLORIDA	City & State FLORIDA
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Zip 33323	Country USA	Zip 33323	Country USA
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**REINSTATEMENT**

CR2E034 (10/03) 04

4. FEI Number 65-0836913	Applied For Not Applicable
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6. Name and Address of Current Registered Agent KOLODIN, ADAM 12124 NW 36TH PL SUNRISE, FL 33323	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	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	P KOLODIN, ADAM 12124 NW 36TH PL SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200042064522 10/21/04--01033--018 **150.00
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
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
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: Adam J. Kolodin 9/20/04 (954) 254-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/20/04

To Whom it May concern

Enclosed please find a check for \$150.00 for my Annual report. I was unaware of the final fee that was due... As well as my dissolving of my small business, And my not receiving notice of a payment being required. This was an incident I was not made aware of. I humbly request the waiving of the late fee (\$400.00), as I have been punctual prior to this. 607.193(1)(b) of the Florida Statutes.

Please send me correspondence stating you received this letter as I am now aware of my eligibility...

Thank you for your prompt attention in this matter.

Adam J. Kolesin

FULL REIGN STUDIOS & PRODUCTIONS INC.

(954) 254-7077