


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000093579 |  |
| 1. Entity Name PRODUCTION NETWORK LEASING, INC. | |

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|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business 5383 ALTON RD MIAMI BEACH, FL 33140 | Mailing Address 5383 ALTON RD MIAMI BEACH, FL 33140 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0792206 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|-----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent BUCHHOLZ, KRIS 5383 ALTON RD MIAMI BEACH, FL 33140 | DO NOT WRITE IN THIS SPACE |
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3. 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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| 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 | U000000100057 03/31/04-80030-011 150.00 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUCHHOLZ, DOUGLAS 7901 W. 115TH ST OVERLAND PARK, KS 62210 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BUCHHOLZ, KATHY 5383 ALTON RD MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BUCHHOLZ, KRIS 5383 ALTON RD MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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|-----------------------------------------------------------------------------------|---------------------|--------------------------------|
| SIGNATURE: <u>Douglas B. Burchholz - President</u> | <u>03/26/04</u> | <u>816-480-2575</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |