2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P97000094154** 1. Entity Name 04-26-2004 91020 016 ***150 00 FAIRWAY PRODUCTIONS GROUP, INC. Principal Place of Business Mailing Address 9123 N MILITARY TR 1 9123 N MILITARY TR PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 308 TEBUESTA PO Box 35218 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 25 City & State City & State 4. FEI Number Applied For Rain Beach Gardens A. 65-0792346 TEBUCHA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired AN N 12 14 20 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME -- Roy - Homin 10 HAMLIN, ROY C JR Street Address (P.O. Box Number is Not Acceptable) 9123 N MILITARY TRL **STE 208** 308 TEXUELTA Dr. Jule PALM BCH GDN FL 33410 HAM Beach Gordons 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TITLE mir NAME HAMLIN, JR, ROY C NAME STREET ADDRESS 9123 N MILITARY TR STE 208 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Addition TTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY - ST- ZIF TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CER OR DIRECTOR

FILED