


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90031 027 ***150.00

DOCUMENT # *P9700009443*

1. Entity Name
CTL PRODUCTIONS, Inc.



DO NOT WRITE IN THIS SPACE

44031723

2. Principal Place of Business <i>1090 WINDERMERE WAY</i>		3. Mailing Address <i>1090 WINDERMERE WAY</i>	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State <i>VERO BEACH, FLORIDA</i>		City & State <i>VERO BEACH, FL.</i>	
Zip <i>32963</i>	Country	Zip <i>32963</i>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <i>65-0791547</i>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent			
		Name <i>MARIA NIGH</i>		Street Address (P.O. Box Number is Not Acceptable) <i>1090 WINDERMERE WAY</i>	
		City <i>VERO BEACH</i>	FL	Zip Code <i>32963</i>	

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]* DATE *[Date]*

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P MARIA NIGH 1090 WINDERMERE WAY VERO BEACH, FL - 32963</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *April, 12, 04* Daytime Phone #: *772-231-6233*

CR2E034B (12/02)