2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 19, 2004 8:00 am **Secretary of State** DOCUMENT # P98000000865 07-19-2004 90016 005 ***150.00 SPANKY PRODUCTIONS, INC. Principal Place of Business Mailing Address 1861 S. PATRICK DRIVE, #114 1861 S. PATRICK DRIVE, #114 14026146 SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3500746 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PASSARELLI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 296 CARISSA DRIVE SATELLITE BEACH, FL 32937 Zip Code 8. The above named entity submits this statement or 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 agen of registered agent and title if applicable Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. _ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1.1 .10. OFFICERS AND DIRECTORS. 11. P TOTALE ☐ Deleta TITLE Change Addition PASSARELLI, ANTHONY NAME NAME STREET ADDRESS 296 CARISSA DRIVE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition PASSARELLI, JOHN NAME NAME STREET ADDRESS 6922 BAY DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE Delete T(T) F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reports frue 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 of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receip changed, or on an attachment ress, with all ather like empowered. SIGNATURE:

FED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

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7/16/04

To whom it may concern:

I am writing this to inform the Division of Corporations that I did not receive the annual filing reports this year. As you can see we have been in business many years and always file on time. There must have been a mistake in the mailing process. I have checked mailing addresses on the applications and they are all correct. Please accept our annual reports as on time. Thank you very much.

Sincerely, Anthony Passarelli 1861 South Patrick Dr. #114 Indian Harbor Beach, FL 32937