2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 10, 2004 08:00 AM Secretary of State **DOCUMENT # P98000039588** GROZOVY FILM & VIDEO PRODUCTION, INC. Principal Place of Business :______ Mailing Address 15030 MONROE STREET **15030 MONROE STREET** MIAMI, FL 33176 MIAMI, FL 33176 CR2E034 (10/03) 07092004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0835177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GARRETT, JESSICA DO NOT WRITE 15030 MONROE STREET MIAMI, FL 33176 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable (NOTE, Registered Apent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE GARRETT, JESSICA NAME STREET ADDRESS 15030 MONROE STREET U00000172090 09/10/04-80002-019 150.00 CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY - \$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04-305.253.1685

FILED