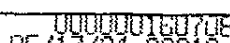


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000045722 1. Entity Name LMC BALLANTYNE, INC.				
Principal Place of Business 33 EAST WALL STREET FROSTPROOF, FL 33843	Mailing Address P.O. BOX 58 FROSTPROOF, FL 33843			
DO NOT WRITE IN THIS SPACE				
 04192004 No Chg-P CR2E034 (10/03)				
4. FEI Number 59-1004757		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%; padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For	Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILSON, PEYTON 33 EAST WALL STREET FROSTPROOF, FL 33843				
DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	D			
NAME	WILSON, PEYTON			
STREET ADDRESS	33 EAST WALL STREET			
CITY- ST- ZIP	FROSTPROOF, FL 33843			
TITLE	D			
NAME	CRADDOCK, F. HOOD			
STREET ADDRESS	223 LAKE LINK ROAD			
CITY- ST- ZIP	WINTER HAVEN, FL 33884			
TITLE	D			
NAME	WILSON, PATRICIA			
STREET ADDRESS	2013 RUE ULYSSE			
CITY- ST- ZIP	BILOXI, MS 39531			
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
 05/17/04-80010-007 150.00				
DO NOT WRITE 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)(b), 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: 		4-19-04 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				