


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90016 002 ***150.00

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| DOCUMENT # P98000058687 |  |
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1. Entity Name
ONE EYE PRODUCTIONS, INC.

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| Principal Place of Business 224 BAL BAY DR. BAL HARBOUR, FL 33154 | Mailing Address 1861 SOUTH PATRICK DRIVE #114 INDIAN HARBOR BEACH, FL 32937 |
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07162004 Chg-P CR2E034 (10/03)

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| 2. Principal Place of Business 296 Carissa DR | 3. Mailing Address Suite, Apt. #, etc. | 4. FEI Number 59-3565693 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. Satellite Beach, | Suite, Apt. #, etc. | | |
| City & State Florida | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 32937 | Country Brevard | Zip | Country |

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| 6. Name and Address of Current Registered Agent PASSARELLI, JOHN 1861 SOUTH PATRICK DRIVE 114 SATELLITE BEACH, FL 32937 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 *John Passarelli* DATE 7/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD PASSARELLI, ANTHONY 224 BAL BAY DR. BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Passarelli, Anthony <input type="checkbox"/> Change <input type="checkbox"/> Addition 296 carissa DR Satellite Beach, FL 32937 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PASSARELLI, JOHN 296 CARISSA DRIVE SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Passarelli* DATE 7/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Auto check

14026149
Doc P 9800005-8687

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