
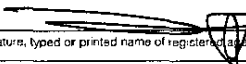
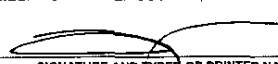


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90036 039 ***150.00

DOCUMENT # P98000069267 1. Entity Name HANG LOOSE PRODUCTIONS, INC.					
Principal Place of Business DAVID NEPO 100 SOUTH POINTE DR., STE 3003 MIAMI BEACH, FL 33139			Mailing Address DAVID NEPO 100 SOUTH POINTE DR., STE 3003 MIAMI BEACH, FL 33139		
2. Principal Place of Business 1000 ISLAND BLVD Suite, Apt. #, etc. STE 2507		3. Mailing Address 1000 ISLAND BLVD Suite, Apt. #, etc. STE 2507			
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 65-0855826	
Zip 33160 Country USA		Zip 33160 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, MICHAEL 1000 ISLAND BLVD. STE 2507 AVENTURA, FL 33160			7. Name and Address of New Registered Agent Name NEPO, DAVID Street Address (P.O. Box Number is Not Acceptable) 1000 ISLAND BLVD STE 2507 City AVENTURA FL Zip Code 33160		
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 		DAVID NEPO <small>(NOTE: Registered Agent signature required when reinstating)</small>		3-22-04 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS NEPO, DAVID 1000 ISLAND BLVD., STE 2507 AVENTURA, FL 33160		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		DAVID NEPO - PRES		3-22-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

34000000



03222004 Chg-P CR2E034 (10/03)

305-531-3160