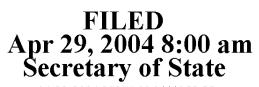
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P98000090641

SIGNATURE:



1. Entity Name SILVER PELICAN PRODUCTIONS, INC.						04-29-2004 90304 006 ***158.75			
Principal Place of Business Mailing Address 1409 GLENEAGLES DRIVE 1409 GLENEAGLES DR			eive	The state of the s					
VENICE FL	34292	VENICE FL 34292	11 * L			. 1221/221 1/2 (B)(2: 12/1/ BB)(BB(M 35))) GBHM 12/1/		EFERT IN HERI	
2. Principal P	lace of Business	3. Mailing Address			\dashv				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
City & State		City & State			4.	FEI Number 65-0872564	No	oplied For ot Applicable	
Zip Country		Zip Country			Certificate of Status Desired	\$8.75 Add Fee Required	litional d		
	6. Name and Address of Current	Registered Agent		Neme	7.	Name and Address of New Registered	Agent		
CTE	WART, RALPH S	. ب د د سمو		Name		erine i i i i i i i i i i i i i i i i i i	• • • •		
140	9 GLENEAGLES DRIVE IICE-FL 34292			Street Addre	ss (P.O. f	Box Number is Not Acceptable)			
		City			FL	Zip Code	e		
	named,entity submits this statement for ions of registered agent.	or the purpose of changing its	registered	d office or regi	stered aç	gent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent signature req	uired when r	reinstating) DATE	 		
🐍 🐫 Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	of State				9. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		Αſ	I DDITIONS/CHANGES TO OFFICERS ANI	D DIRECTOR!	S IN 11	
TITLE NAME	P STEWART, RALPH S	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS City-St-Zip	1409 SLENEAGLES DRIVE VENICE FL 34292		STREET CITY-S	T ADDRESS ST- ZIP					
TITLE NAME		☐ Delete	TITLE NAME		,		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	mentalerman is discount a sense of	<u>کینیست کی آتا کی ایک سی</u>	STREET	FADDRESS - ST-ZIP	,	والمنتهد والمنتسبين المناسب	magging sales gape or one figure		
TITLE NAME	,	_ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		· · · · · · ·	· 2	T ADDRESS ST-ZIP				-	
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			1	T ADDRESS ST-ZIP					
12. Uhereby	certify that the information supplied wit on the report or supplemental report reporation or the receiver or hustee emp , or or an attachment with an address.	th this filing does not qualify for the true and accurate and that in dwered to execute this report with effolier the empowered.	r the exem	nption stated in ire shall have t	Section the same 607, Flor	n 119.07(3)(i), Florida Statutes. I further ce e legal effect as if made under oath; that i rida Statutes; and that my name appears	ertify that the ir am an officer in Block 10 or	nformation or director r Block 11 if	