2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094529

GLOVER, CHARLOTTE

1401 NE 191ST ST #108

N MIAMI BCH, FL 33179 US

Name:

Address:

City-St-Zip:

Entity Name: BUILDING D PRODUCTIONS, INC

FILED Apr 22, 2004 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
1401 N.E.	191 ST.			
#108 N. MIAMI E	BEACH, FL 33	179 US		
Current M	ailing Addres	SS:	New Mailing Address:	
C/O DE LA 3001 SW 3 MIAMI, FL				
FEI Number:	65-0890648	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:	
MARKO, D 3001 S.W. MIAMI, FL				
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Can	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VP (LIBARKIN, ADA 1401 NE 191S N MIAMI BCH,	Γ ST #108	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P (BLANEY, KEITI 1401 NE 191S N MIAMI BCH,	Г ST #108	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T (LIBARKIN, ADA 1401 NE 191S' N MIAMI BCH,	ΓST #108	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VP () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ADAM LIBARKIN VP 04/22/2004