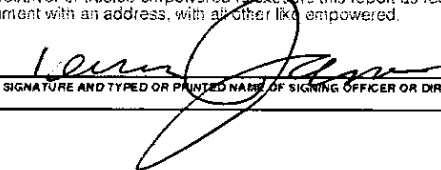


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90015 038 ***150.00

DOCUMENT # P99000002447 1. Entity Name ILLUSION PRODUCTIONS, INC.					
Principal Place of Business 9090 HOGAN RD. JACKSONVILLE, FL 32216			Mailing Address 23801 CALABASAS RD., SUITE 2004 CALABASAS, CA 91302		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3552489			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$6.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COURTACCESS CENTERS OF AMERICA, INC. 3249 WEST CYPRESS STREET SUITE C TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$650.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD JAYMES, TERRY 23801 CALABASAS RD., SUITE 2004 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAYMES, SHARI 23801 CALABASAS RD., SUITE 2004 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 supplement 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 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			7/5/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

44047513



07062004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002447

1. Entity Name
ILLUSION PRODUCTIONS, INC.Principal Place of Business
9090 HOGAN RD.
JACKSONVILLE, FL 32216Mailing Address
23801 CALABASAS RD., SUITE 2004
CALABASAS, CA 91302Attachment
44047913

DO NOT WRITE IN THIS SPACE

07062004

No Chg-P

CR2E034 (10/03)

4. FEI Number
59-3552489Applied For
Not Applicable5. Certificate of Status Desired ☐\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURTACCESS CENTERS OF AMERICA, INC.
3249 WEST CYPRESS STREET
SUITE C
TAMPA, FL 33607DO 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAYMES, TERRY
STREET ADDRESS	23801 CALABASAS RD., SUITE 2004
CITY-ST-ZIP	CALABASAS, CA 91302

TITLE	VP
NAME	JAYMES, SHARI
STREET ADDRESS	23801 CALABASAS RD., SUITE 2004
CITY-ST-ZIP	CALABASAS, CA 91302

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/04

Neal S. Marks
C.P.A., M.S. Taxation

Attachment
44047913
Marks & Devine
Certified Public Accountants

Timothy A. Devine
C.P.A.

July 6, 2004

~~Division of Corporations~~
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Illusion Productions, Inc.
Document # P99000002447

To Whom It May Concern:

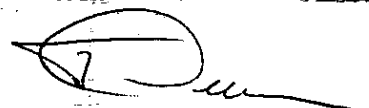
We never received the original 2004 Annual Report form. Therefore, we request abatement of the late fine of \$400.00. We have always filed in a timely manner in the past. Please forgive our over sight of this year.

Enclosed is a check for the filing fee of \$150.00.

Please contact us regarding the abatement of the late fine.

If you need additional information, please call the number below.

Respectfully,



Timothy A. Devine, CPA

Encl: 2