From: John Gurba To: Mark Devine Date: 7/6/2004 Time: 1:58:50 PM

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	Mailing Address
9090 HOGAN RD. JACKSONVILLE, FL 32216	23801 CALABASAS RD., SUITE 2004 CALABASAS, CA 91302

44047515

07062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3552489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COURTACCESS CENTERS OF AMERICA, INC. 3249 WEST CYPRESS STREET SUITE C TAMPA, FL 33607	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 ____________________
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, 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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAYMES, TERRY 23801 CALABASAS RD., SUITE 2004 CALABASAS, CA 91302 ☐ Delete	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 ☐ 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
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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 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: [signature] 7/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

44047913

DOCUMENT # P99000002447

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ILLUSION PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
9090 HOGAN RD. JACKSONVILLE, FL 32216	23801 CALABASAS RD., SUITE 2004 CALABASAS, CA 91302

[redacted]

07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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59-3552489

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

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10. OFFICERS AND DIRECTORS

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

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SIGNATURE: Terry Jaymes 7/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#4404479213

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

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

23801 Calabasas Rd., #2004 • Calabasas, CA 91302 • Phone: (818) 591-7560 • Fax: (818) 591-7208
www.marksanddevine.com