2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OF PRINTED NAME OF

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # P99000002560 1. Entity Name 02-25-2004 90052 013 ***158.75 B/M STUDIOS INC. Principal Place of Business Mailing Address 801 WEST BAY DRIVE 801 WEST BAY DRIVE LARGO FL 33770 **LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address 801 WEST BAY 801 WEST BAY DK Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 800 800 Applied For 4. FEI Number City & State City & State 58-2435921 LARGO LARGO Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 33770 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSINESS FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEO - PRESIDENT CEO Delete TITLE Change TITLE PHILIPPE MARTINE 2 NAME NAME MARTINEZ, PHILIPPE 801 WEST DAY DR # 800 STREET ADDRESS 801 W. BAY DRIVE #827 800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 LARGO, FL 33770 Addition ☐ Delete TITLE C.O.C TITLE Karinne 201 West Bay Dr# 800 LARGO, FL 33770 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET, ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, but all other like empowered.

FILED