

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000011346

1. Entity Name
TWENTY-FIRST CENTURY STUDIOS, INC.



Principal Place of Business
1736-2 LONDON AVE
JACKSONVILLE, FL 32207

Mailing Address
PO BOX 19011
JACKSONVILLE, FL 32245



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3559921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CARLOS
1736-2 LONDON AVE
JACKSONVILLE, FL 32207

**DO 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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, CARLOS
STREET ADDRESS	P.O. BOX 19011
CITY-ST-ZIP	JACKSONVILLE, FL 32245
TITLE	VP
NAME	ISELIN, ELLIN
STREET ADDRESS	12311-3103 KENSINGTON LAKES DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VP
NAME	MCLUCAS, SCOTT W VP
STREET ADDRESS	830-13 A1A NORTH #321
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VP
NAME	NO MORE OFFICERS, NO MORE VP
STREET ADDRESS	P.O. BOX 19011
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	NO MORE OFFICERS, NO MORE VP
STREET ADDRESS	P.O. BOX 19011
CITY-ST-ZIP	JACKSONVILLE, FL 323207
TITLE	VP
NAME	NO MORE OFFICERS, NO MORE VP
STREET ADDRESS	1736-2 LONDON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207

UNRECORDED
APR 30 2004 3:05 PM

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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 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:

Carlos C. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/04 396-3452

Daytime Phone #