

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000017294

1. Entity Name
CLAVEBOP PRODUCTIONS, INC.



Principal Place of Business
**1921 BELFORD COURT
MAITLAND, FL 32751**

Mailing Address
**1921 BELFORD COURT
MAITLAND, FL 32751**

FILED
Feb 02, 2004 08:00 AM
Secretary of State



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3564657** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RADI, MICHAEL J
1921 BELFORD COURT
MAITLAND, FL 32751**

**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

Michael J Radi

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

(NOTE: Registered Agent signature required when reinstating)

1/17/04
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	D
NAME	RADI, MICHAEL J
STREET ADDRESS	1921 BELFORD COURT
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(f), 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:

Michael J Radi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/04
Date

407-644-3922
Daytime Phone #