2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000018433

KOZMO PRODUCTIONS, INC.



Principal	Place o	f Business	
THE COL	CALL CA	C DUU DIN	_

City & State

32082

THE GREENLEAF BUILDING TENTH FLOOR 200 NORTH LAURA STREET JACKSONVILLE, FL 32202

Mailing Address

THE GREENLEAF BUILDING TENTH FLOOR 200 NORTH LAURA STREET JACKSONVILLE, FL 32202

2. Principal Place of Business	3. Mailing Address
135 Professional Drive	135 Professional Drive
Suite Apt. #104	Suite, Apt. # etc. Suite 104

03222005

Street Address (

(NOTE: Pegistered Agent stanature required when reinstating)

City & State

Ponte Vedra Beach, FL 32082

4. EEI Number 59-3561439

5. Certificate of Status Desired

Chg-P

Applied For Not Applicable

CR2E034 (10/03)

\$0033331

FILED

Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90088 020 ***150.00

\$8.75 Additional Fee Required

Zip Code

6. Name and	Address of	Current I	Registered	Agent

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

DUSS, JOHN S IV FORD, JETER, BOWLUS & DUSS, P.A. 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257

Ponte Vedra Beach, FL

Country

1. Think the reserves of their riegional or rigoti
P.O. Box Number is Not Acceptable)
,

DATE

8. The above named entry 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.

¢E 00 ...

	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contrib		Added to Fees
10.	OFFICERS AND DIREC	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIFLE NAME STREET AUDRESS CHY-ST-ZIP	DP WHITMIRE, G.W. JR. 200 NORTH LAURA STREET, 10TH F JACKSONVILLE, FL 32202	□ Delete	INTLE: NAVVE STREET ADDRESS CHY+ST-ZIP	DP
TITLE NAME STREET ADURESS CITY-S1-74P		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS C:TY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delele	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Ghange ☐ Addition

12. Thereby 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:

3/31/05

904.285.6112

Daytime Phone #