


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000029344	
1. Entity Name J FILMS INCORPORATED	

Principal Place of Business 1821 3RD STREET NORTH JACKSONVILLE BEACH, FL 32250	Mailing Address 1821 3RD STREET NORTH JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE



07152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3571036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKEELS, ROBERT A 1821 3RD STREET NORTH JACKSONVILLE BEACH, FL 32250	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		<p>000000169268 08/03/04-80001-005 150.00</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKEELS, ROBERT WARREN 1108 HAMLET LANE EAST NEPTUNE BEACH, FL 32266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT MUMMERT, JAMES R 10548 EASTBORNE AVE. STE. 302 LOS ANGELES, CA 90024	<p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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)(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:  **J RYAN MUMMERT, VP** 7/15/2004 310.614.8596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #