


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90041 042 ***150.00

DOCUMENT # P99000033179 1. Entity Name MONTECARLO TV PRODUCTIONS INC.					
Principal Place of Business 7269 HENDRY CREEK FORT MYERS, FL 33908			Mailing Address 700 E. DANIA BCH BLVD., SUITE 202 DANIA, FL 33004		
2. Principal Place of Business <i>700 E Dania Bch</i>		3. Mailing Address <i>Suite, Apt. #, etc.</i>			
Suite, Apt. #, etc. <i># 202</i>		Suite, Apt. #, etc.			
City & State <i>Dania, FL</i>		City & State		4. FEI Number 65-0911457	
Zip <i>33004</i>		Country <i>USA</i>		Zip	
Country <i>USA</i>		Zip		Country	
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VIVIES, PATRICK 700 E. DANIA BEACH BOULEVARD SUITE 202 DANIA, FL 33004				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRE-HEIGL, ELIANE 7269 HENDRY CREEK FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Ferre-Heigl, Eliane</i> <i>700 E. Dania Bch Blvd</i> <i>Dania, FL 33004</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 life empowered.					
SIGNATURE: <i>Ferre-Heigl</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					