


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-06-2005 90100 026 ***150.00

DOCUMENT # P99000038682		
1. Entity Name INCLUSIVE COMMUNITY BUILDERS PRODUCTIONS, INC.		
Principal Place of Business P.O. BOX 694415 10360 N.E. 5th Ave. MIAMI GARDENS, FL 33269 Miami Shores, Fl. 33138	Mailing Address P.O. BOX 694415 10360 N.E. 5th Ave. MIAMI GARDENS, FL 33269 Miami Shores, Fl. 33138	

66021194



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990346	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

RITCHEY, DAVID
P.O. BOX 694415 1663 N.W. 193rd Ave.
MIAMI GARDENS, FL 33269 Miami, Fl. 33169

**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: *D. P. Ritchey* (NOTE: Registered Agent signature required when re-registering) 5/2/2005 DATE

FILE NOW!!! FEE IS \$560.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROUNDTREE, JOHN
STREET ADDRESS	20120 N.W. 13TH CT.
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	D
NAME	CARTER, DUDLEY
STREET ADDRESS	5021 N.W. 181TH TERRACE
CITY- ST- ZIP	MIAMI, FL 33055
TITLE	D
NAME	RITCHEY, DAVID
STREET ADDRESS	1663 NW 193RD AVE.
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	D
NAME	ELLISON, TOM
STREET ADDRESS	4301 MADISON AVE.
CITY- ST- ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	MUNROE, ALEXANDER
STREET ADDRESS	6300 SW 34TH ST
CITY- ST- ZIP	HOLLYWOOD, FL 33023
TITLE	D
NAME	RICE, LARRY
STREET ADDRESS	18935 NW 82ND AVE. #102
CITY- ST- ZIP	MIAMI, FL 33015

**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)(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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR 5/2/05 DATE Daytime Phone #

66021194

Attachment
P990000381082

INCLUSIVE COMMUNITY BUILDERS PRODUCTIONS, INC.

**10360 N.E. 5th Avenue
Miami Shores, Fl. 33138**

Division of Corporations
P.O. Box 6198
Tallahassee, Fl. 32314

Dear Sir/Ms.

~~A change of address was made and submitted to you. However, it appears that you may have~~
mailed the annual report payment form to the old address. I am requesting that you waive the
\$400.00 penalty under these circumstances and that Inclusive Community Builders Productions,
Inc. address be changes to reflect that on the letterhead.

I do apologize for the lateness and the confusion caused in getting the payment to you timely. I
assure you that this matter has been corrected and will not occur again.

Thank you very much.

Sincerely yours,

Linda M. Barnes

Linda M. Barnes
Business Manager

Enclosure: Check for "Annual Report" fee