
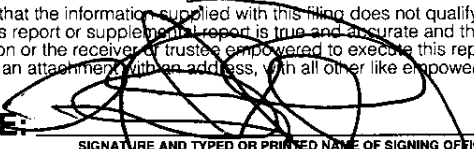


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90073 025 \*\*\*150.00

<b>DOCUMENT # P99000050840</b>					
1. Entity Name 1445 WASHINGTON, INC.					
Principal Place of Business 1445 WASHINGTON AVE MIAMI BEACH, FL 33139			Mailing Address BIG TIME PRODUCTIONS 770 N HALSTED, SUITE 203 CHICAGO, IL 60602		
2. Principal Place of Business		3. Mailing Address 1445 Washington Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami Beach, FL		4. FEI Number 65-0927443	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
33139					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARILICH, KENNETH		NAME	Barilich, Kenneth	
STREET ADDRESS	770 N. HALSTED, STE. 203		STREET ADDRESS	1445 Washington Ave.	
CITY-ST-ZIP	CHICAGO, IL 60602		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTIS, CALLIN		NAME	Fortis, Callin	
STREET ADDRESS	770 N. HALSTED, STE. 203		STREET ADDRESS	1445 Washington Ave.	
CITY-ST-ZIP	CHICAGO, IL 60602		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, ROBERT		NAME		
STREET ADDRESS	770 N. HALSTED, STE. 203		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60602		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date		
			Daytime Phone #		



01222004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0927443 Applied For Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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**

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CITY-ST-ZIP	CHICAGO, IL 60602		CITY-ST-ZIP	Miami Beach, FL 33139	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #