2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000054462

1. Entity Name
I AM PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
4555 LENOX BLVD ORLANDO, FL 32811	P O BOX 616495 ORLANDO, FL 32861-6495

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3585577
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIERRE, S HARRIS
4555 LENOX BLVD
ORLANDO, FL 32811

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000157315
05/06/04-80021-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	EVP
NAME	PIERRE, KATIE I
STREET ADDRESS	4555 LENOX BLVD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	CEO
NAME	PIERRE, S HARRIS
STREET ADDRESS	4555 LENOX BLVD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	P
NAME	PIERRE, S HARRIS
STREET ADDRESS	4555 LENOX BLVD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	COB
NAME	PIERRE, S HARRIS
STREET ADDRESS	4555 LENOX BLVD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	CFO
NAME	PIERRE, S HARRIS
STREET ADDRESS	4555 LENOX BLVD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] S. HARRIS PIERRE 4/29/04 407-299-7881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #