

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063653

FILED  
Apr 01, 2004  
Secretary of State

Entity Name: 2ND NATURE PRODUCTIONS, INC.

**Current Principal Place of Business:**

916 WEST STETSON STREET  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

916 WEST STETSON STREET  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3587564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLIGHT, PRISCILLA  
916 W STETSON ST  
ORLANDO, FL 32804      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BLIGHT, PRISCILLA J  
Address: 1643 E. ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32803

Title: V      ( ) Delete  
Name: HOLDEN, WES  
Address: 508 N SHINE AVE  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: BLIGHT, PRISCILLA J  
Address: 916 W. STETSON ST.  
City-St-Zip: ORLANDO, FL 32804

Title: V      (X) Change ( ) Addition  
Name: HOLDEN, WES  
Address: 910 E. WASHINGTON ST.  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRISCILLA BLIGHT

D

04/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date