
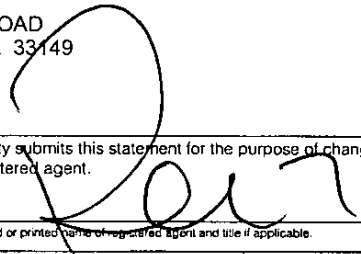
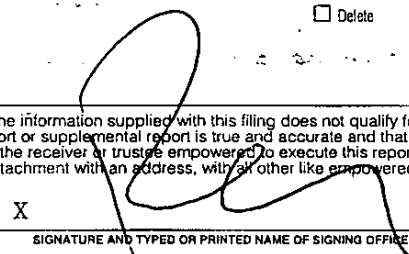


FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90077 002 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|--|---|
| DOCUMENT # P99000064843 | |  | |
| 1. Entity Name TELEMOTION PRODUCTIONS, INC. | | | |
| Principal Place of Business 599 GLENRIDGE ROAD KEY BISCAINE, FL 33149 | | Mailing Address 599 GLENRIDGE ROAD KEY BISCAINE, FL 33149 | |
| 2. Principal Place of Business 6601 SW 71st Avenue | | 3. Mailing Address 6601 SW 71st Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami, Florida | | City & State Miami, Florida | |
| Zip 33143 | Country USA | Zip 33143 | Country USA |
| 4. FEI Number 65-0990897 | | 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 MAIETTO, RENZO 599 GLENRIDGE ROAD KEY BISCAINE, FL 33149 | | 7. Name and Address of New Registered Agent Name Maietto, Renzo Street Address (P.O. Box Number is Not Acceptable) 6601 SW 71st Avenue City Miami FL Zip Code 33143 | |
| 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 X  DATE X 2/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD SALAZAR, MARIA E 599 GLENRIDGE ROAD KEY BISCAINE, FL 33149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD Salazar, Maria E. 6601 SW 71st Avenue Miami, FL. 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MAIETTO, RENZO 599 GLENRIDGE RD KEY BISCAINE, FL 33149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Maietto, Renzo 6601 SW 71st Avenue Miami, FL. 33143 <input 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 |
| 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 |
| 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 |
| 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: X  | | Date X 2/25/05 Daytime Phone # X 786-247-5800 | |