


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90291 040 \*\*\*150.00

**DOCUMENT # P99000109579**

1. Entity Name  
 MIRAGE STUDIOS AND FILM CO., INC.



Principal Place of Business  
 2001 WEST SAMPLE ROAD  
 SUITE 111  
 POMPANO BEACH, FL 33064

Mailing Address  
 2001 WEST SAMPLE ROAD  
 SUITE 111  
 POMPANO BEACH, FL 33064

14012011



2. Principal Place of Business  
 2001 W. Sample Rd.  
 Suite, Apt. #, etc.  
 Ste. 401

3. Mailing Address  
 2001 W. Sample Rd.  
 Suite, Apt. #, etc.  
 Ste. 401

04072004 Chg-P CR2E034 (10/03)

City & State  
 Pompano Beach, FL

City & State  
 Pompano Beach, FL

Zip  
 33064

Country  
 USA

Country  
 USA

4. FEI Number  
 65-0966898

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, PATRICIA ESQ.  
 2001 WEST SAMPLE ROAD  
 POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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)

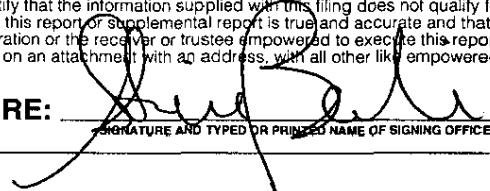
DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERIOWSKI, STEVE 2001 WEST SAMPLE RD POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve BerLowski <input checked="" 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
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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:** 

4-28-04 (984)935-3170

DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_