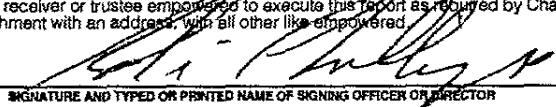


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # S18472		
1. Entity Name RANDI PHILLIPS PRODUCTIONS, INC.		
Principal Place of Business 1527 JOHNSON ST HOLLYWOOD, FL 33020 US		Mailing Address 1527 JOHNSON STREET STE. 202 HOLLYWOOD, FL 33020 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent DAVIS, RONALD L. SKYLAKE STATE BANK BLDG., STE. 407 1550 NE MIAMI GARDENS DR. NORTH MIAMI BEACH, FL 33179		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 _____ 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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHILLIPS, RANDI 1527 JOHNSON ST HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, BERNARD 2828 CONN AVE. NW #611 WASHINGTON, DC 20008	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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		04/14/04 Date 954-985-1073 Daytime Phone #



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0237040** Applied For
Not Applicable

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

000000118923

04/19/04-80080-007 150.00