
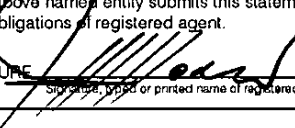
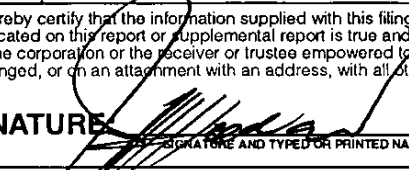


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 012 ***150.00

DOCUMENT # S30985 1. Entity Name WILD CHILD PRODUCTIONS, INC.					
Principal Place of Business 8600 NW 52ND CT. LAUDERHILL, FL 33351		Mailing Address 8600 NW 52ND CT. LAUDERHILL, FL 33351			
2. Principal Place of Business 5178 NW 87TH TERRACE Suite, Apt. #, etc.		3. Mailing Address 5178 NW 87TH TERRACE Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0242312	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03302005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent HODGSON, JOHN T. 8600 NW 52ND CT. LAUDERHILL, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5178 NW 87TH TERRACE 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  DATE 3/30/05 <small>(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	PST HODGSON, JOHN T 8600 NW 52ND COURT LAUDERHILL, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5178 NW 87TH TERRACE	
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 			JOHN T. HODGSON Date 3/30/05 Daytime Phone # 954-347-3237		