2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20295

PORT FILED
Apr 27, 2004
Secretary of State

Entity Name: NORAM PRODUCTIONS, INC.

urrent Principal Place of Business:			ss:	New Principal Place of Business:	
JITE 302					
-TAMOI	NTE SPRINGS,	FL 32714	US		
current Mailing Address:				New Mailing Address:	
	ESTMONTE DE	RIVE			
JITE 302 TAMON	24 NTE SPRINGS,	FL 32714	US		
I Number	: 59-3113253	FEI Numbe	r Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	urrent Reg	istered Agent:	Name and Address	s of New Registered Agent:
7 N. WE .TAMON	PRODUCTIONS ESTMONTE DE NTE SPRINGS,	R., #3024 FL 32714		nurnose of changing its registe	red office or registered agent, or be
the Stat	on of Florida	Jubillio tillo		purpose of enanging ne regions	rea cines of registered agent, or b
the Stat	e of Florida.	oublines and		parpoon of changing to regions	rou omee or regionated agent, or be
the Stat	e of Florida. [*] RE:				
the Stat GNATU	e of Florida. [*] RE:	ic Signature	of Registered Ag		Date
the Stat GNATU ection Ca	e of Florida. RE: Electron	ic Signature	of Registered Ag	ent	
the Stat GNATU ection Ca	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature Trust Fund (TORS: Delete SEPH R DGE LALE CIF	e of Registered Ag Contribution ().	ent	Date
the Stat GNATU ection Ca FFICER le: me: dress:	e of Florida. RE: Electron mpaign Financing S AND DIREC VD () CRISPELL, JOS 1579 NORTHRI LONGWOOD, F	TORS: Delete SEPH R DGE LALE CIF CL 32750 Delete L DGE DRIVE	e of Registered Ag Contribution ().	ent ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIREC
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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: DIANA BLANTON	VSTD	04/27/2004
NOINTIONE. BITTING TOTAL	VOID	07/2//2007