

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90969 046 ****61.25

DOCUMENT # N02000004115 1. Entity Name SAFARI TODD WILDLIFE PRODUCTIONS, INC.			
Principal Place of Business 26205 E. COLONIAL DRIVE CHRISTMAS, FL 32709		Mailing Address 2526 ALBANY DRIVE KISSIMMEE, FL 34758	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4983 BROOK ROAD Suite, Apt. #, etc.	
City & State KISSIMMEE FL		4. FEI Number 03-0448912	
Zip 34758		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAWKSWORTH, ALAN 2526 ALBANY DRIVE KISSIMMEE, FL 34758		7. Name and Address of New Registered Agent Name ALAN HAWKSWORTH Street Address (P.O. Box Number is Not Acceptable) 4983 BROOK ROAD City KISSIMMEE FL Zip Code 34758	
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 02/25/05 <small>Signature required. Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME HAWKSWORTH, ALAN STREET ADDRESS 2526 ALBANY DRIVE CITY-ST-ZIP KISSIMMEE, FL 34758	<input type="checkbox"/> Delete	TITLE PD NAME ALAN HAWKSWORTH STREET ADDRESS 4983 BROOK ROAD CITY-ST-ZIP KISSIMMEE FL 34758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME HAWKSWORTH, LYNNE STREET ADDRESS 2526 ALBANY DRIVE CITY-ST-ZIP KISSIMMEE, FL 34758	<input type="checkbox"/> Delete	TITLE DT NAME LYNNE HAWKSWORTH STREET ADDRESS 4983 BROOK ROAD CITY-ST-ZIP KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DREVER, TODD STREET ADDRESS 1765 COWAN DRIVE CITY-ST-ZIP TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DREVER, DAWN STREET ADDRESS 1765 COWAN DRIVE CITY-ST-ZIP TITUSVILLE, FL 32796	<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 617, 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: Alan Hawksworth P. 2/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			