

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Dursion 109 North Main Street Procidence, RI 02903-1335 401-222-3640

Matthew A. Brown, Secretary of State	77 4 ((1) 11)	
CODDODATION ANXIIAL DEPORT FOR THE VEAR	2005	

Corporate ID No.	2 Name of Corps				
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·	Sowams Road		Barringto	on RI	02806
Business Phone No		5 State of Incorporatio		•	6 SIC Code
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	yan Rodrigues		-	Healey, Jr.	
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Bristol	RI	02809	Barringto		02806
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Br	van Rodrigues		Robert J	Healey Jr.	
et Address			Street Address		
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exter Name er Address			Cit)  Director Name  Mivel Eddives		Zip
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THORIZED SHARES	ZED ("X" BOX FOR	, <u>.</u> .	ISSUED SHARES	("X" BOX FOR ATTACE	Par Value
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			Under penalty of p	erjury. I declare and affirm	that I have examined t
The Date 2-	17-05			onpanying schedules and sta re true and correct.	tements, and that all s $1-27-05$
ile Date	52		Sugnature of Officer	J. Jones	Date
Theck No				Healey, Jr.	
r <u>-</u>	<u>B</u>		Print or Type Name Vice Pres		
FOR SECRETARY	OF STATE USE ONLY		· Fille of Officer		
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File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Duvision 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR.	2004
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Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation IZWUZ. Inc. 124831 State 3 Street Address Principal Business Office City 02806 75 Sowams Road Barrington RI 6. SIC Code 4. Business Phone No 5. State of Incorporation 245-0306 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN COMPUTER GRAPHICS PRODUCTIONS; TO PRODUCE EDUCATIONAL FILMS; TO PRODUCE GENERAL INTEREST 8. NEWS: ATOSEL DEPOSE FREDHE SERVICES AND RELATED PRODUCTS AND SERVICES SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Bryan Rodrigues Robert J. Healey, Jr. Street Address Street Address 75 Sowams Road 36 Hydraulion Avenue State Zip City State 02806 02809 Bristol RI Barrington Treasurer Name Secretary Nam Robert J. Healey, Jr. Bryan Rodrigues Street Address Street Address See Above See Above Zip. State City State ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address Zip City State City Director Name Director Name Street Address Street Address Zip State City State 7.tp 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value No Par 1.000 NO PAR VALUE 100 Common Common No Par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

1-2-04

Date

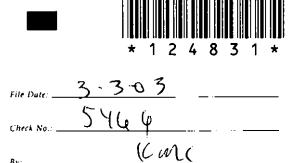
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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1 Corporate ID No.	2. Name of Corpora	tion	•		
124831	IZWUZ, Inc.				
3. Street Address Principal Business (	Office		City	State	Zip
75 Sowams R	oad	5. State of Incorporation	Barrington	RI	<b>02885</b> 6 SIC Code
(401) 245-0 7. Brief Description of the Character		RHODE ISLAND n Rhode Island			
Graphic Pro 8. NAMES AND ADDRESS President Name	ductions SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI	FORE USING ATTAC	HMENTS
Bryan Rodri	gues		Robert J. Healey	, Jr.	
Street Address			Street Address	•	
Governor	Street		75 Sowams Road		
City	State	Zip	City	State	Zip
Providence	RI	02	Barrington	RI	02806
Secretary Name			Treasurer Name		
Bryan Rodri	gues		Robert J. Healey	, Jr.	
Street Address			Street Address		
Same as Abo	ve		Same as Above		
City	State	Zip	City	State	Zip
O MANGE AND ADDRESS					
Director Name	SES OF THE DIK	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B  Director Name  Street Address	BEFORE USING ATTA	CHMENTS
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Director Name Street Address			Director Nume Street Address		
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Director Name  Street Address  City  Director Name  Street Address  City  10. SHARES AUTHORIZEI	State	Zip Zip	Director Nume  Street Address  Gity  Director Nume  Street Address  Gity  11. SHARES ISSUED (*x*)	State	Ztp Zíp

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Bryan Rodrigues Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

President

Title of Officer ა^ც, ა ა

Form 630 12/02