2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State
01-18-2007 90113 036 ***150.00

DOCUMENT # 480470

1. Entity Name
LYNYRD SKYNYRD PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
C/O HARBOR CORP. 16830 VENTURA BLVD., #501 ENCINO, CA 91436 US	C/O HARBOR CORP. 16830 VENTURA BLVD., #501 ENCINO, CA 91436 US

DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2856309
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LESTER, DON
1035 LASALLE ST
JACKSONVILLE, FL 32207

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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
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSINGTON, GARY
STREET ADDRESS	16830 VENTURA BLVD., #501
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	S
NAME	HABER, GARY
STREET ADDRESS	16830 VENTURA BLVD., #501
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	T D
NAME	POWELL, WILLIAM
STREET ADDRESS	16830 VENTURA BLVD., #501
CITY-ST-ZIP	ENCINO, CA 91436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ GARY Haber CPA 1/9/07 (818) 783-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #