2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480470

FILED Jan 14, 2009 Secretary of State

Entity Name: LYNYRD SKYNYRD PRODUCTIONS, INC.

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
6830 VEI	BOR CORP. NTURA BLVD CA 91436	o., #501 US		
Current Mailing Address:		ess:	New Mailing Address:	
6830 VEI	BOR CORP. NTURA BLVC CA 91436	., #501 US		
El Number	: 13-2856309	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
ESTER, 035 LAS				
	IVILLE, FL 32	2207 US		
ACKSON	IVILLE, FL 32		purpose of changing its registere	ed office or registered agent, or both,
ACKSON	NILLE, FL 32 named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
ACKSON The above In the Stat	e named entity e of Florida. RE: Electro	submits this statement for the		ed office or registered agent, or both, Date
ACKSON The above In the Stat	e named entity e of Florida. RE: Electro	submits this statement for the		
ACKSON The above the State SIGNATU Clection Ca	e named entity e of Florida. RE: Electro	submits this statement for the only statement	gent	
ACKSON The above The Stat CONTROL C	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE PD (ROSSINGTOR	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete J, GARY, JRA BLVD., #501	gent	Date
he above the Stat GNATU Jection Ca PFFICER tte: ame: ddress:	e named entity e of Florida. RE: Electro mpaign Financi S AND DIRECTOR PD (ROSSINGTON 16830 VENTU ENCINO, CA S (HABER, GAR)	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete N, GARY, RA BLVD., #501) Delete Y RA BLVD., #501	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY HABER CPA S 01/14/2009