

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

04-14-2005 90096 042 ***150.00

DOCUMENT # F02000004001

1. Entity Name
GENERATIONAL ART PRODUCTIONS INC.



Principal Place of Business
**133 WEST 25TH STREET, 6TH FLOOR EAST
NEW YORK, NY 10001**

Mailing Address
**133 WEST 25TH STREET, 6TH FLOOR EAST
NEW YORK, NY 10001**

66017290



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3756440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SCEO
NAME	GERARD, IAN
STREET ADDRESS	133 WEST 25TH STREET, 6TH FLOOR EAST
CITY - ST - ZIP	NEW YORK, NY 10001
TITLE	PTD
NAME	WALDEN, ADAM
STREET ADDRESS	133 WEST 25TH STREET, 6TH FLOOR EAST
CITY - ST - ZIP	NEW YORK, NY 10001
TITLE	D
NAME	GERARD, STEFAN
STREET ADDRESS	133 WEST 25TH STREET, 6TH FLOOR EAST
CITY - ST - ZIP	NEW YORK, NY 10001
TITLE	D
NAME	GERARD, IAN
STREET ADDRESS	133 WEST 25TH STREET, 6TH FLOOR EAST
CITY - ST - ZIP	NEW YORK, NY 10001
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

212 255 7360 x802

④

PAID

66017290
#402000004001

GEN ARRI
 DBA GENART PRODUCTIONS
 133 WEST 25TH STREET, SUITE 8E
 NEW YORK, NY 10001

JPMORGAN CHASE BANK
 305 SEVENTH AVENUE
 NEW YORK, NY 10081

8049

2/7/2005

PAY TO THE ORDER OF: Florida Department of State

One Hundred Fifty and 00/100

Florida Department of State

Folio # 40-107767

MEMO

DATE: 5/16/2005

By: C. Regne

66017290

#720000040051

150.00

DOLLARS

ATTACHMENT

Miami-Dade County Tax Collector
 140 West Flagler Street
 Miami, FL 33130

Folio #: 40107767
 Tax Year: 2004

THE ENCLOSED IS BEING RETURNED FOR THE FOLLOWING REASON AS INDICATED BY AN "X":

- ☐ An application for tax deed has been made, # _____
- ☐ Delinquent tax payments must be made by CASHIER'S CHECK, MONEY ORDER, OR CERTIFIED CHECK.
- ☐ Check must be made payable to "MIAMI-DADE COUNTY TAX COLLECTOR," drawn on a United States bank in U.S. funds.
- ☐ Your payment of delinquent taxes was not received in this office by 4:30 p.m., on the last working day of the month.
- ☐ If payment is received by _____ the amount due is \$ _____ Postmark will not be considered.
- ☐ Must have legal description of the property, folio number or tax notice for processing this payment.
- ☐ Taxes for _____ are outstanding in the amount of \$ _____ Return payment by 4:30 p.m. of the last working day of the month.

☒ Our records indicate no taxes are due.

THIS AMOUNT DUE IS SUBJECT TO CHANGE WITHOUT FURTHER NOTICE.