


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # G36322 1. Entity Name NASH & ZULLO PRODUCTIONS, INC.	
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Principal Place of Business P.O. BOX 6228 LAKE WORTH FL 33466	Mailing Address P.O. BOX 6228 LAKE WORTH FL 33466
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2. Principal Place of Business - No P.O. Box # Suite, Apt # etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State
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4. FEI Number 59-2297841	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUSGROVE, CHARLES W 2328 SOUTH CONGRESS AVENUE SUITE 1-D WEST PALM BEACH FL 33406
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DTV ZULLO, ALLAN <input type="checkbox"/> Delete STREET ADDRESS 9 POPLAR FOREST ROAD CITY ST ZIP FAIRVIEW NC 28730
TITLE	DSP NASH, BRUCE <input type="checkbox"/> Delete STREET ADDRESS 4083 FARMDALE AVENUE CITY ST ZIP STUDIO CITY CA 91804
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000611803 02/02/07-80077-024 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Allan Zullo; Vice President** 1-28-07 561 540 36

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #