## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P04000027692 04-26-2006 90189 028 \*\*\*150.00 IAN REISNER PRODUCTIONS, INC. Principal Place of Business Mailing Address 40063047 19380 COLLINS AVE. APT. 1124 C/O LH ROSOFF & CO SUNNY ISLES BEACH, FL 33160 81 WATER MILL LANE GREAT NECK, NY 11021 2. Principal Place of Business 3. Mailing Address 11295 SEA GRASS CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For BOCA RATON FL 13-3873485 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent same REISNER, IAN Street Address (P.O. Box Number is Not Acceptable) 19380 COLLINS AVE. APT. 1124 SUNNY ISLES BEACH, FL 33160 CIRCLE SEA GRASS BOCA RATON 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. same TITLE ☐ Delete TITLE Change Addition same REISNER, IAN NAME NAME 11295 SEA GRASS CIRCLE 19380 COLLINS AVE. APT. 1124 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 for an addyesse with all other like empowered.

FILED

Daytime Phone #