


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 370319 1. Entity Name THREE ARTS PRODUCTIONS, INC.		
Principal Place of Business 25 NORTH PINEAPPLE AVENUE SARASOTA, FL 34236	Mailing Address 25 NORTH PINEAPPLE AVENUE SARASOTA, FL 34236	



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1562038	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHEA, JOHN J. J
720 S ORANGE AVE
SARASOTA, FL 34236**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUROFF, ROBERT 25 NO PINEAPPLE AVE SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUROFF, BENJAMIN M. 25 N. PINEAPPLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUROFF, ROBERTA 25 NORTH PINEAPPLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUPLEE, T. RAYMOND(ASST) 1770 WOOD STREET SSRASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUROFF, KYLE E. 25 N. PINEAPPLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOLIK, FELICIA 25 N. PINEAPPLE AVE. SARASOTA, FL

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Turoff

Date

4/25/08

Daytime Phone #

941-366-2640