## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # 370527** 1. Entity Name 04-30-2008 90164 049 \*\*\*150.00 BURT DUBOIS PRODUCTIONS, INC. Principal Place of Business Mailing Address 801 S. FEDERAL HWY. SUITE 608 801 S. FEDERAL HWY. SUITE 608 POMPANO BCH. FL 33062 POMPANO BCH. FL 33306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1315016 Not Applicable Ζıp 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 Name DUBOIS, BURT Street Address (P.O. Box Number is Not Acceptable) 801 S. FEDERAL HWY. SUITE 608 POMPANO BCH, FL 33306 Zip Code 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 the if applicable. (NOTE: Registered Agent agniture required when reinstating) DATE FILE-NOW!!!- FEE-IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 ... Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PRES** ☐ Delete TITLE ☐ Addition WAR DUBOIS, BURT NAME STREET ADDRESS 801 S. FEDERAL HWY. SUITE 608 STREET ADDRESS CITY-ST-ZIP POMPANO BCH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TIFLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE Delete TITLE ☐ Change Addition 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 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 air other lake empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Day; no Phone #