

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447376

FILED
Feb 24, 2007
Secretary of State

Entity Name: FANTASMA PRODUCTIONS, INC. OF FLORIDA

Current Principal Place of Business:

700 N. OLIVE AVE. STE 1
W. PALM BEACH, FL 33401

New Principal Place of Business:

854 CONNISTON ROAD
WEST PALM BEACH, FL 33405

Current Mailing Address:

700 N. OLIVE AVE STE 1
W. PALM BEACH, FL 33401

New Mailing Address:

854 CONNISTON ROAD
WEST PALM BEACH, FL 33405

FEI Number: 59-1515693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLL, JON
700 N. OLIVE AVE. STE 1
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

STOLL, JON
854 CONNISTON ROAD
WEST PALM BEACH, FL 33405 US

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.

SIGNATURE: _____

02/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOLL, JONATHAN,
Address: 700 N. OLIVE AVE. STE 1
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STOLL, JONATHAN,
Address: 854 CONNISTON ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN STOLL

PRES

02/24/2007

Electronic Signature of Signing Officer or Director

Date