## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 08, 2006 8:00 am Secretary of State **DOCUMENT # 522958** 1. Entity Name 02-08-2006 90012 030 \*\*\*150.00 DION PRODUCTIONS, INC. Principal Place of Business Mailing Address 3099 NW 63RD ST BOCA RATON FL 33496 3099 NW 63RD ST BOCA RATON FL 33496 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State NO-T APPLICABLE Not Applicable Zin Zip Country 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 DI MUCCI, SUSAN Street Address (P.O. Box Number is Not Acceptable) 3099 NW 63RD ST **BOCA RATON FL 33496** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10,5 👫 11. ☐ Change Addition TITLE Delete TITLE NAME DI MUCCI, DION NAME STREET ADDRESS STREET ADDRESS 3099 NE 63RD ST City-St-789 CITY-ST-7IP **BOCA RATON FL 33496** ☐ Change Addition ☐ Delete TITLE TITLE SD NAME DI MUCCI, SUSAN NAME STREET ADDRESS 3099 NE 63RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE **BOCA RATON FL 33496** ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Defete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 all other like empowered:

if changed, or on an attachment with an address, with all other like empowered:

SIGNATURE:

**FILED** 

9972514

ATTACHMENT 40010695 #522958

Please send an application for Bronx Soul Music Inc. I haven't received one yet. DION DIMUCCI P.D.