

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743023

FILED
Mar 09, 2007
Secretary of State

Entity Name: ATLANTIC PRODUCTIONS, INC.

Current Principal Place of Business:

1508 PARK CIRCLE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1508 PARK CIRCLE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1836345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYMAN, CHARLES, PROF.
UNIVERSITY OF SOUTH FLORIDA
ART DEPARTMENT
TAMPA, FL 33620 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LYMAN, CHARLES,
Address: UNIV. OF S FLORIDA
City-St-Zip: TAMPA, FL

Title: VPD () Delete
Name: LYMAN, THEODORE
Address: 636 HILLVIEW ROAD
City-St-Zip: RICHMOND, VT 05477

Title: TD () Delete
Name: MELARANO, PETER
Address: 10 APPIAN WAY
City-St-Zip: JOHNSTON, RI 02919

Title: S () Delete
Name: HARRIS, PHILLIP
Address: 14506 NO 19 STR #2148
City-St-Zip: TAMPA, FL

Title: VPD (X) Delete
Name: ISIN, EDWARD
Address: 6836 OAKDALE DR.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LYMAN

PD

03/09/2007

Electronic Signature of Signing Officer or Director

Date