

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90170 048 \*\*\*\*70.00

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<b>DOCUMENT # 749701</b>					
1. Entity Name <b>TIGERTAIL PRODUCTIONS, INC.</b>					
Principal Place of Business 842 NORTHWEST 9TH COURT MIAMI, FL 33136			Mailing Address 842 NORTHWEST 9TH COURT MIAMI, FL 33136		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1988705</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAMEL, JOHN 900 NW 7TH STREET ROAD MIAMI, FL 33136			Name <b>John Kramel</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>842 NW 9th Court</b>		
			City <b>Miami</b>		
			FL Zip Code <b>33136</b>		
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 <b>1/9/06</b>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUFT, MARY	NAME			
STREET ADDRESS	842 NW 9TH CT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULZBERGER, GENE	NAME			
STREET ADDRESS	MELLON BANK BRICKELL 1111	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEINKLE, THOMAS	NAME			
STREET ADDRESS	VORTEX 1522 SAN IGNACIA #4	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33147	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DWIGHT, DANIE	NAME			
STREET ADDRESS	1900 BISCAYNE BOULEVARD, #200	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAMEL, JOHN	NAME			
STREET ADDRESS	900 NW 7TH STREET ROAD	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		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 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 817, 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:**

*Mary Luft 2/4/06*



ATTACHMENT  
66000926

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2006

TIGERTAIL PRODUCTIONS, INC.  
842 NORTHWEST 9TH COURT  
MIAMI, FL 33136

Subject: TIGERTAIL PRODUCTIONS, INC.

Reference Number:

- 749701

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION