


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90061 044 \*\*\*150.00

**DOCUMENT # 815690**

1. Entity Name  
**TOMMY DORSEY PRODUCTIONS, INC.**



Principal Place of Business      Mailing Address

**1025 KANE CONCOURSE  
 SUITE 216  
 BAY HARBOR ISLANDS, FL 33154 US**

**C/O JOSEPH D. SYDNOR, CPA  
 1005 KANE CONCOURSE #203  
 BAY HARBOR ISLANDS, FL 33154 US**

40079231



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      c/o **Kris I. Dougherty, CPA**  
 Suite, Apt. #, etc.      **1005 Kane Concourse, #203**

04072007      Chg-P      CR2E034 (12/06)

City & State      City & State

**Bay Harbor Islands, FL**

4. FEI Number      Applied For

**59-0917918**      Not Applicable

Zip      Country      Zip      Country

**33154      USA**

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SYDNOR, JOSEPH D CPA  
 1005 KANE CONCOURSE  
 SUITE 203  
 BAY HARBOR ISLANDS, FL 33154-2178**

7. Name and Address of New Registered Agent

Name      **Kris I. Dougherty, CPA**

Street Address (P.O. Box Number is Not Acceptable)

**1005 Kane Concourse, Suite #203**

City      **Bay Harbor Islands**      FL      Zip Code      **33154**

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      *Kris I. Dougherty*      DATE      **4.12.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORSEY, STEPHEN P</b>	NAME	
STREET ADDRESS	<b>1117 MOUNTAIN SPRING ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT, NY 12993</b>	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SYDNOR, JOSEPH D CPA</b>	NAME	
STREET ADDRESS	<b>1005 KANE CONCOURSE, SUITE 203</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND, FL 331542178</b>	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	
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	
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	
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 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.

SIGNATURE:      *Stephen P. Dorsey*      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #