

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED****Apr 12, 2005 08:00 AM  
Secretary of State****DOCUMENT # 842992**

1. Entity Name

**DAN GOODMAN PRODUCTIONS, INC.**

Principal Place of Business

**2143 NW 60TH CIRCLE  
BOCA RATON, FL 33496 US**

Mailing Address

**2143 NW 60TH CIRCLE  
BOCA RATON, FL 33496 US****DO NOT WRITE IN THIS SPACE**

03312005 No Chg-P CR25034 (10/03)

4. FEI Number

**13-2647770**

(Applied For)

(Not Applicable)

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

6. Name and Address of Current Registered Agent

**GOODMAN, DAN  
2143 NW 60TH CIR  
BOCA RATON, FL 33496****DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agents sign and re-register when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS |                     |
|----------------------------|---------------------|
| TITLE                      | PO                  |
| NAME                       | GOODMAN, DAN        |
| STREET ADDRESS             | 2143 NW 60TH CIRCLE |
| CITY-ST-ZIP                | BOCA RATON, FL      |
| TITLE                      | VD                  |
| NAME                       | GOODMAN, CAROL      |
| STREET ADDRESS             | 2143 NW 60TH CIRCLE |
| CITY-ST-ZIP                | BOCA RATON, FL      |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY-ST-ZIP                |                     |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY-ST-ZIP                |                     |
| TITLE                      |                     |
| NAME                       |                     |
| STREET ADDRESS             |                     |
| CITY-ST-ZIP                |                     |

000000300723  
04/13/05-80002-017 150.00**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:***Daniel R. Goodman* **DAN GOODMAN****4/17/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Daytime Phone #