

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90059 001 ***300.00

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1. Entity Name
JHHE PRODUCTIONS, INC.



Principal Place of Business
1416 NORTH LA BREA AVENUE
HOLLYWOOD, CA 90028

Mailing Address
1416 NORTH LA BREA AVENUE
HOLLYWOOD, CA 90028

66000956



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4879772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME SCHUBE, PETER
STREET ADDRESS 1416 N LA BREA AVE
CITY-ST-ZIP HOLLYWOOD, CA 90028

TITLE CEO
NAME HENSON, BRIAN
STREET ADDRESS 1416 N LA BREA AVE
CITY-ST-ZIP HOLLYWOOD, CA 90028

TITLE CEO
NAME HENSON, LISA
STREET ADDRESS 1416 NORTH LA BREA AVE
CITY-ST-ZIP HOLLYWOOD, CA 90028

TITLE VP
NAME DON, LAURIE
STREET ADDRESS 1416 NORTH LA BREA AVE
CITY-ST-ZIP HOLLYWOOD, CA 90028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER SCHUBE

Date

(929) 802-1500

Daytime Phone #