
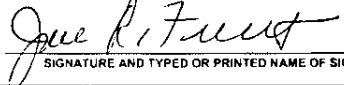


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**

08-22-2007 90022 018 \*\*\*550.00

DOCUMENT # F01000006528			
1. Entity Name 38TH FLOOR PRODUCTIONS INC.			
Principal Place of Business 1515 BROADWAY NEW YORK, NY 10036		Mailing Address C/O MICHAEL D. FRICKLAS 1515 BROADWAY NEW YORK, NY 10036	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0548786		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	EVSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICKLAS, MICHAEL D	NAME	
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUERST, JANE R	NAME	
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, KEVIN	NAME	
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	SGVPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Thomas E. Dooley
STREET ADDRESS		STREET ADDRESS	1515 Broadway
CITY-ST-ZIP		CITY-ST-ZIP	New York, New York 10036
TITLE	<input type="checkbox"/> Delete	TITLE	DSUP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jacques Tortoroli
STREET ADDRESS		STREET ADDRESS	1515 Broadway
CITY-ST-ZIP		CITY-ST-ZIP	New York, New York 10036
TITLE	<input type="checkbox"/> Delete	TITLE	SUPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	George S. (Toby) Nelson
STREET ADDRESS		STREET ADDRESS	1515 Broadway
CITY-ST-ZIP		CITY-ST-ZIP	New York, New York 10036
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: 		Jane R. Fuerst - Asst Sec 8/20/07 (212) 846-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	