


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0300000938**

1. Entity Name  
**NOTTE'S TOP OF THE MOUNTAIN PRODUCTIONS, INC.**



Principal Place of Business <b>PO BOX 812142          BOCA RATON, FL 33481</b>	Mailing Address <b>PO BOX 812142          BOCA RATON, FL 33481</b>
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**DO NOT WRITE IN THIS SPACE**



03062006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>56-2295249</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent

**NOVELLO, LINDA F  
 3215 S. OCEAN BLVD. BLDG 3 PENTHOUSE 104  
 HIGHLAND BEACH, FL 33487**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

**U00000524110  
 05/03/06-80098-011 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVCD BUCCI, JOSEPH M 14040 TAHITI WAY BLDG 5 SUITE 533 MARINA DEL RAY, CA 90292
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD NOVELLO, LINDA F PO BOX 812142 BOCA RATON, FL 33481
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**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_