03/28/2005 21:55 19208493694 CHILTON CIN

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90038 008 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#: F03000005715

1. Entity Name
JPN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
26 N. MADISON STREET CHILTON, WI 53014	P.O. BOX 222 CHILTON, WI 53014

02282005 Alb Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1279782
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTON, JAMES P
~~303 E. ALTAMONTE DR., SUITE 1000~~ 1175 Gulf Breeze Pkwy.
~~ALTAMONTE SPRINGS, FL 32701~~ Gulf Breeze, FL.
32561

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: James P. Norton, President 3-17-05
Signature of a director or officer (if applicable) of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: $150.00
After May 1, 2006 Fee will Be $500.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	NORTON, JAMES P
STREET ADDRESS	26 N. MADISON STREET
CITY-ST-ZIP	CHILTON, WI 53014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: James P. Norton 3/17/05 920-884-2922
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING THIS REPORT Date Daytime Phone #