

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003300

FILED
Jun 24, 2011
Secretary of State

Entity Name: PROGRAM PRODUCTIONS, INC.

Current Principal Place of Business:

870 OAK CREEK DRIVE
LOMBARD, IL 60148

New Principal Place of Business:

Current Mailing Address:

870 OAK CREEK DRIVE
LOMBARD, IL 60148

New Mailing Address:

729 SADDLEWOOD DR
WAUCONDA, IL 60084

FEI Number: 36-4035618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: AS
Name: LOVERDE, VITO P
Address: 729 SADDLEWOOD DRIVE
City-St-Zip: WAUCONDA, IL 60084

Title: PD
Name: CARZOLI, ROBERT E
Address: 870 OAK CREEK DRIVE
City-St-Zip: LOMBARD, IL 60148

Title: COO
Name: MACKO, GEORGE C
Address: 870 OAK CREEK DRIVE
City-St-Zip: LOMBARD, IL 60148

Title: VD
Name: CARZOLI, JOSEPH J
Address: 870 OAK CREEK DRIVE
City-St-Zip: LOMBARD, IL 60148

Title: VD
Name: SPURLOCK, STEVEN
Address: 870 OAK CREEK DRIVE
City-St-Zip: LOMBARD, IL 60148

Title: VD
Name: REILLY, KEVIN L
Address: 870 OAK CREEK DRIVE
City-St-Zip: LOMBARD, IL 60148

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VITO P. LOVERDE

AS

06/24/2011

Electronic Signature of Signing Officer or Director

Date