

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003300

FILED  
Mar 09, 2012  
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:**

729 SADDLEWOOD DR  
WAUCONDA, IL 60084

**New Mailing Address:**

**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: COOD  
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: TD  
Name: SPURLOCK, STEVEN  
Address: 870 OAK CREEK DRIVE  
City-St-Zip: LOMBARD, IL 60148

Title: S  
Name: PHYLIS, TWARDOWSKI  
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

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date