2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # F9400000003 1. Entity Name 02-06-2006 90078 007 ***158.75 GLENN MILLER PRODUCTIONS, INC. Principal Place of Business Mailing Address 5633 STBAND BLVD 5633 STRAND BLVD STE 304 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address 5621 STRAND STRAIND BLUD Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 13-5650273 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTER, SECREST & EMERY Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DR., STE 405 NAPLES FL 34108 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition MACKAY, DAVID JR NAME STREET ADDRESS 1059 SPANISH MOSS TRAIL STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-7IP Delete ΕV TITLE TITLE ☐ Change ☐ Addition NAME DESTEFANO, CHARLES NAME STREET ADDRESS 291 BALD EAGLE RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE Delete ☐ Addition NAME MACKAY, CONSTANCE L NAME STREET ADDRESS STREET ADDRESS 1059 SPANISH MOSS TRAIL CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 **TDAS** Delete TITLE TITLE ☐ Change ☐ Addition NAME O'REILLY, TERRENCE P NAME STREET ADDRESS 97 NEW CHALET DRIVE STREET ADDRESS MOHEGAN LAKE NY 10547 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

PRESIDENT (DAVID HACKAY.TR.)**

SIGNATURE AND TYPED OR PRINTER JAME OF SIGNING OFFICER OR DIRECTOR.

DAVID HACKAY.TR.

SIGNATURE AND TYPED OR PRINTER JAME OF SIGNING OFFICER OR DIRECTOR.

DAVID HACKAY.TR.

**DAVID HACKAY.TR

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information