

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 048 ***150.00

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1. Entity Name
ADTEC PRODUCTIONS, INCORPORATED



Principal Place of Business
**408 RUSSELL ST.
NASHVILLE, TN 37206**

Mailing Address
**408 RUSSELL ST.
NASHVILLE, TN 37206**

40017577



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

62-1255370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANCELIN, KEVIN G
2231 CORPORATE SQUARE BLVD
JACKSONVILLE, FL 32216**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S COOK, DAVID J 408 RUSSELL ST. NASHVILLE, TN 37206	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JOHNSON, RON 408 RUSSELL ST. NASHVILLE, TN 37206	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ANCELIN, KEVIN 2231 CORPORATE SQUARE BOULEVARD JACKSONVILLE, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP ANCELIN, ANDRE G 2231 CORPORATE SQUARE BLVD JACKSONVILLE, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF...

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald H. Johnson

RONALD H. JOHNSON

2/7/07

(615) 256-6619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number