


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90002 031 ***550.00

DOCUMENT # F95000001161	
1. Entity Name REMOTE PRODUCTIONS INC.	

Principal Place of Business 1515 BROADWAY NEW YORK, NY 10036	Mailing Address C/O MICHAEL D FRICKLAS 1515 BROADWAY NEW YORK, NY 10036
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50023220



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07102006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3516143	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div>FL</div> <div>Zip Code</div>	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOFFLER, VAN	NAME	
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	ASVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUERST, JANE R	NAME	
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	DEVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICKLAS, MICHAEL D	NAME	
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	DSVP <input checked="" type="checkbox"/> Delete	TITLE	Director & Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, SUSAN C	NAME	Michael J. Dolan
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	1515 Broadway
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	New York, New York 10036
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	Senior Vice President & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, KENNETH	NAME	George S. (Gag) Nelson
STREET ADDRESS	1515 BROADWAY	STREET ADDRESS	1515 Broadway
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	New York, New York 10036
TITLE	<input type="checkbox"/> Delete	TITLE	Director & Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jacques Tortoroli
STREET ADDRESS		STREET ADDRESS	1515 Broadway
CITY-ST-ZIP		CITY-ST-ZIP	New York, New York 10036

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

SIGNATURE: Jane R. Fuert Jane R. Fuert - Asst Sec 7/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #