


2008 FOR PROFIT CORPORATION ANNUAL REPORT

102

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**

2. Principal Place of Business - No P.O. Box #
1515 Broadway

3. Mailing Address
c/o Michael D. Fricklas

Suite, Apt. #, etc.
1515 Broadway

City & State
New York, New York

City & State
New York, New York

Zip
10036

Country
USA


Zip
10036

Country
USA

FILED

08 APR -4 PM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01182008 Chg-P CR2E034 (12/06)

4. FEI Number
13-3516143

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOFFLER, VAN 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400122248834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP FUERST, JANE R 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS FRICKLAS, MICHAEL D 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP TORTOROLI, JACQUES 1515 BROADWAY NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEVP James W. Barge 1515 Broadway New York, New York 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP DOOLEY, THOMAS 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT NELSON, GEORGE S TOBY 1515 BROADWAY NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Fuerst **Assistant Secretary** **3/17/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 512422 7555737

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE : April 2, 2008

ORDER TIME : 7:57 PM

ORDER NO. : 512422-155

CUSTOMER NO: 7555737

ANNUAL REPORT FILING

NAME: REMOTE PRODUCTIONS INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
08 APR - 4 AM 10:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA