


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR -4 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900122248709



01182008 Chg-P CR2E034 (12/06)

DOCUMENT # F96000000678					
1. Entity Name PARAMOUNT PRODUCTION SUPPORT INC.					
Principal Place of Business 1515 BROADWAY NEW YORK, NY 10036			Mailing Address % 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.			Suite, Apt. #, etc. 1515 Broadway		
City & State New York, New York		City & State New York, New York		4. FEI Number 13-3834234	
Zip 10036	Country USA	Zip 10036	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 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 Trust Fund Contribution. <input type="checkbox"/> \$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	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	VPAS 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	PCFO BADAGHACCA, MARK 5555 MELROSE AVE LOS ANGELES, CA 90030	<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	DSEV 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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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		
			EVP+Treasurer George S. (Toby) Nelson 1515 Broadway 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: <u>Jane R. Fuerst</u> 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 : 512535 7555737

AUTHORIZATION

[Signature]

COST LIMIT \$ 150.00

ORDER DATE : April 2, 2008

ORDER TIME : 7:54 PM

ORDER NO. : 512535-065

CUSTOMER NO: 7555737

ANNUAL REPORT FILING

NAME: PARAMOUNT PRODUCTION SUPPORT
INC.

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

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: _____