

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 036 ***158.75

DOCUMENT # F96000006492 1. Entity Name NATIONAL PRODUCTIONS, INC.	
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Principal Place of Business ONE NORTH UNIVERSITY DRIVE PLANTATION, FL 33324	Mailing Address ONE NORTH UNIVERSITY DRIVE PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

70100000



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0389584	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331

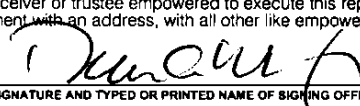
DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPORELLA, NICK A ONE N. UNIVERSITY DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAPORELLA, JOSEPH G ONE N. UNIVERSITY DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCCOY, DEAN ONE N. UNIVERSITY DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRACKEN, GEORGE R. ONE N. UNIVERSITY DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: 	Date 5/1/2008	Daytime Phone # 954-581-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		