

Sent By: CRAMER PRODUCTIONS;

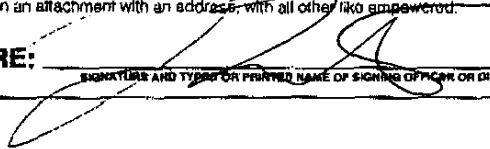
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FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 032 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001142					
1. Entity Name THE CRAMER PRODUCTION COMPANY, INC.					
Principal Place of Business 425 UNIVERSITY AVE. NORWOOD, MA 02062			Mailing Address 425 UNIVERSITY AVE. NORWOOD, MA 02062		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-2745741	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WELCH, RICKY L 7380 SAND LAKE RD. ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name NRA Services, Inc Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue City Tallahassee FL Zip Code 32301	
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 Nellie B. Akalp (NOTE: Registered Agent signature required when changing) DATE 4.5.04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PDC MARTIN, THOMAS J SR 1818 WASHINGTON ST. CANTON, MA 02021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, THOMAS J JR 10 KINGS RD CANTON, MA 02021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, TIMOTHY W 12 COUNTRY LANE CANTON, MA 02021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GREGORY M 9 MOHAWK RD CANTON, MA 02021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CHRISTOPHER P 36 FAIRVIEW STREET CANTON, MA 02021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4/9/04 781-278-2330		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Payable Phone #		

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