2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State **DOCUMENT # H07321** 05-02-2005 90487 008 ***150.00 TOC PRODUCTIONS INC. Principal Place of Business Mailing Address 222 SNBWOPKAVE 4902 SAMOA CIR OFLANDO, FL 32808 æ 2NDRR WINTERPARK FL 32789 æ 2. Principal Place of Business 3. Mailing Address 200 N. Welbourne Are 200 W. Welbour Ne Suite, Apt. #, etc. Suite, Apt. #, etc 04222005 Cha-P CR2E034 (10/03) Me Applied For 4 FEL Number City & State 59-2435255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDERS, JEANIE Street Address (P.O. Box Number is Not Acceptable) 4902 SAMOA CIR ORLANDO, FL 32808 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change ☐ Addition TITLE LINDERS, JEANETTE C NAME STREET ADDRESS 4902 SAMOA CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Channe ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

FILED