

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72331

FILED
Mar 12, 2009
Secretary of State

Entity Name: IANI PRODUCTIONS CORP.

Current Principal Place of Business:

900 OCEAN DR.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

900 OCEAN DR.
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2367373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACK, DAVID
900 OCEAN DR.
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WALLACK, DAVID,
Address: 900 OCEAN DR.
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: WALLACK, DAVID,
Address: 900 OCEAN DR.
City-St-Zip: MIAMI BEACH, FL

Title: CFO () Delete
Name: FRANCIS, GREGG
Address: 900 OCEAN DR.
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRGG FRANCIS

CFO

03/12/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date