2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K16203

FILED Jan 14, 2009 Secretary of State

Entity Name: FREE BYRD PRODUCTIONS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
6830 VEI	ER CORPORA NTURA BLVD CA 91436			
current Mailing Address:		ss:	New Mailing Address:	
6830 VEI	ER CORPORA NTURA BLVD CA 91436			
El Number	r: 59-2872141	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
ESTER, 085 LAS				
	NVILLE, FL 32	207 US		
ACKSON	NVILLE, FL 32		e purpose of changing its registere	ed office or registered agent, or both,
ACKSON	NVILLE, FL 32 e named entity e of Florida.	submits this statement for th		ed office or registered agent, or both,
ACKSON The above In the Stat	e named entity e of Florida. RE: Electro	submits this statement for the		ed office or registered agent, or both, Date
ACKSON he above I the Stat	e named entity e of Florida. RE: Electro	submits this statement for th		
ACKSON The above the Stat SIGNATU Rection Ca	e named entity e of Florida. RE: Electro	submits this statement for the number of Registered of Registered of Registered ().	Agent	
ACKSON The above the Stat SIGNATU Rection Ca	e named entity te of Florida. RE: Electro impaign Financir S AND DIRECTOR ROSSINGTON	submits this statement for the nic Signature of Registered and Trust Fund Contribution (). CTORS:) Delete I, GARY, RA BLVD #501	Agent	Date
he above the Stat IGNATU Iection Ca PFFICER tte: ame: ddress:	e named entity e of Florida. RE: Electro Impaign Financir S AND DIRECT PD (ROSSINGTON 16830 VENTU ENCINO, CA ST TD (POWELL, WIL	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution (). CTORS:) Delete 1, GARY, RA BLVD #501) Delete LIAM, RA BLVD #501	Agent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR

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: GARY HABER CPA S 01/14/2009