

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K78228

FILED
Apr 04, 2008
Secretary of State

Entity Name: BEST PRODUCTIONS, INC.

Current Principal Place of Business:

4513 W DALE AVE
TAMPA, FL 336093708 US

New Principal Place of Business:

Current Mailing Address:

4513 W DALE AVE
TAMPA, FL 336093708 US

New Mailing Address:

FEI Number: 65-0110382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEST, ROBERT P.
4513 W DALE AVE
TAMPA, FL 33609 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: PSD () Delete
Name: BEST, ROBERT P.,
Address: 4513 W DALE AVE
City-St-Zip: TAMPA, FL

Title: VTD () Delete
Name: BEST, LETTY M.,
Address: 4513 W DALE AVE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: PATTON, TIMOTHY,
Address: 19051 LAKE ROAD
City-St-Zip: ROCKY RIVER, OH 44116

Title: D () Delete
Name: BEST, COURTNEY M,
Address: 4513 W. DALE AVE.
City-St-Zip: TAMPA, FL 33609

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:

Title: D (X) Change () Addition
Name: NALLS, COURTNEY M,
Address: 4513 W. DALE AVE.
City-St-Zip: TAMPA, FL 33609

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: ROBERT P. BEST

P

04/04/2008

Electronic Signature of Signing Officer or Director

Date