
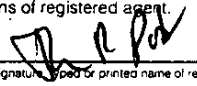
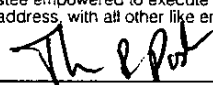


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90167 013 \*\*\*150.00

|  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|--|---|---|---------------------------------|------|-----------------|--|----------------|--------------|--|-------------|-----------------|--|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # L75045</b><br>1. Entity Name<br><b>MIAMI FILM STUDIOS, INC.</b>  |  |    |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>140 NE 8 STREET</b><br><b>MIAMI, FL 33132</b>  |  | Mailing Address<br><b>140 NE 8 STREET</b><br><b>MIAMI, FL 33132</b>   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>66 WEST FLAGLER ST</b><br>Suite, Apt. #, etc.<br><b>#300</b>  |  | 3. Mailing Address<br><b>66 WEST FLAGLER ST</b><br>Suite, Apt. #, etc.<br><b>#300</b>   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>MIAMI, FL</b><br>Zip<br><b>33130</b>  |  | City & State<br><b>MIAMI, FL</b><br>Zip<br><b>33130</b>   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 4. FEI Number<br><b>65-0197669</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>POST, THOMAS R.</b><br><b>140 NE 8 ST.</b><br><b>MIAMI, FL 33132</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>66 WEST FLAGLER ST</b><br><b>#300</b><br>City <b>MIAMI</b> FL Zip Code <b>33130</b> |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br>SIGNATURE  DATE <b>4/29/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POST, THOMAS R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>140 NE 8 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> </table>   |  | TITLE   | D | <input type="checkbox"/> Delete | NAME | POST, THOMAS R. |  | STREET ADDRESS | 140 NE 8 ST. |  | CITY-ST-ZIP | MIAMI, FL 33132 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/> <b>66 WEST FLAGLER ST, SUITE 300</b><br/> <b>MIAMI, FL 33130</b> </td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>66 WEST FLAGLER ST, SUITE 300</b><br><b>MIAMI, FL 33130</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  | D  | <input type="checkbox"/> Delete   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   | POST, THOMAS R.  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 140 NE 8 ST.   |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33132  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>66 WEST FLAGLER ST, SUITE 300</b><br><b>MIAMI, FL 33130</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                 |  | STREET ADDRESS |              |  | CITY-ST-ZIP |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |  | <input type="checkbox"/> Delete   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                 |  | STREET ADDRESS |              |  | CITY-ST-ZIP |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |  | <input type="checkbox"/> Delete   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                 |  | STREET ADDRESS |              |  | CITY-ST-ZIP |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |  | <input type="checkbox"/> Delete   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                 |  | STREET ADDRESS |              |  | CITY-ST-ZIP |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |  | <input type="checkbox"/> Delete   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |  |   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:    |  | Date <b>4/29/08</b>   |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Daytime Phone #</small>  |   |                                 |      |                 |  |                |              |  |             |                 |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |