



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # M54278		
1. Entity Name JOSEPH H. KANTER PRODUCTIONS, INC.		
Principal Place of Business 4770 BISCAYNE BLVD STE 1150 MIAMI, FL 33137 US		Mailing Address 4770 BISCAYNE BLVD STE 1150 MIAMI, FL 33137 US
DO NOT WRITE IN THIS SPACE		
		02212007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2825289		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		
		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KANTER, JOSEPH H 4770 BISCAYNE BLVD, #1150 MIAMI, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PEREYRA, MARITZA 4770 BISCAYNE BLVD, #1150 MIAMI, FL 33137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KANTER, NANCY R 4770 BISCAYNE BLVD, #1150 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, HAROLD 4770 BISCAYNE BLVD, #1150 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, LAWRENCE 4770 BISCAYNE BLVD, #1150 MIAMI, FL	
TITLE 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 _____ Daytime Phone # _____