

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003049

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: JOSHUA TRIBE PRODUCTION, INC.

## Current Principal Place of Business:

1591 SEMORAN N. CIRCLE #101  
WINTER PARK, FL 32792

## New Principal Place of Business:

5475 LEIGHTON LANE  
OVIEDO, FL 32765 US

## Current Mailing Address:

1591 SEMORAN N. CIRCLE #101  
WINTER PARK, FL 32792

## New Mailing Address:

5475 LEIGHTON LANE  
OVIEDO, FL 32765 US

FEI Number: 59-3758320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PITTS, NEAL P ESQ.  
80 BONNIE LOCH CT.  
ORLANDO, FL 32806 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PITTS, NEAL P  
Address: 80 BONNIE LOCH CT.  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: SIEFERT, RAY  
Address: 1591 SEMORAN N. CIRCLE #101  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: SIEFERT, SUSAN  
Address: 1591 SEMORAN N. CIRCLE #101  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: CAMERA, RUDY  
Address: 269 TWELVE LEAGUE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: SIEFERT, RAY  
Address: 5475 LEIGHTON LANE  
City-St-Zip: OVIEDO, FL 32765 US

Title: D (X) Change ( ) Addition  
Name: SIEFERT, SUSAN  
Address: 5475 LEIGHTON LANE  
City-St-Zip: OVIEDO, FL 32765 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY SIEFERT

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date