

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001747

FILED  
May 23, 2007  
Secretary of State

**Entity Name:** OUT OF THE BOX PRODUCTIONS, INC.

**Current Principal Place of Business:**

1451 MARAVILLA AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1451 MARAVILLA AVENUE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 45-0506227      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GILMORE, WENDE K  
1451 MARAVILLA AVENUE  
FORT MYERS, FL 33901      US

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: GILMORE, MICHAEL P  
Address: 1451 MARAVILLA AVENUE  
City-St-Zip: FORT MYERS, FL 33901

Title: D      ( ) Delete  
Name: LABRIOLA, JIM  
Address: 4308 SW 1ST PLACE  
City-St-Zip: CAPR CORAL, FL 33914

Title: D      ( ) Delete  
Name: DU BOIS, Nanci G  
Address: 5549-2 MALTO DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: P      ( ) Delete  
Name: GILMORE, WENDE K  
Address: 1451 MARAVILLA AVENUE  
City-St-Zip: FORT MYERS, FL 33901

Title: V      ( ) Delete  
Name: FLANEGAN, KRISTEN  
Address: 15700 BEACHCOMBER AVENUE  
City-St-Zip: FORT MYERS, FL 33908

Title: S      ( ) Delete  
Name: ROSE, PAUL A JR  
Address: 2100 CHANDLER AVENUE  
City-St-Zip: FORT MYERS, FL 339074124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: DELATORRE, MONICA  
Address: 110 NW 29TH PL  
City-St-Zip: CAPE CORAL, FL 33993

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

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

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

Title: V      (X) Change ( ) Addition  
Name: MEYERS, JOSEPH  
Address: 8685 MANDERSTON CT  
City-St-Zip: FORT MYERS, FL 33912

Title: T      (X) Change ( ) Addition  
Name: QUATTRUCCI, LOUIS A  
Address: 5233-3 CEDARBEND DR.  
City-St-Zip: FORT MYERS, FL 33919

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: LOUIS QUATTRUCCI

T

05/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date