

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008922

FILED
Jul 05, 2007
Secretary of State

Entity Name: AKB PRODUCTIONS INC.

Current Principal Place of Business:

1118 PINE RIDGE CIRCLE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P O BOX 150384
ALTAMONTE SPRINGS, FL 32715 US

New Mailing Address:

FEI Number: 71-0948074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DAVIDOWITZ, AURORA
1118 PINE RIDGE CIRCLE
SANFORD, FL 32773 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: PD () Delete
Name: DAVIDOWITZ, AURORA
Address: P.O. BOX 150384
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: VD () Delete
Name: PACHECO, ILIA M
Address: 310 OCEANSIDE COURT
City-St-Zip: KISSIMMEE, FL 34743 US

Title: STD () Delete
Name: MARTINEZ, LUIS
Address: 6040 OAKBEND ST
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/T (X) Change () Addition
Name: PACHECO, ILIA M
Address: 310 OCEANSIDE COURT
City-St-Zip: KISSIMMEE, FL 34743 US

Title: SD (X) Change () Addition
Name: MARTINEZ, LUIS
Address: 11651 MALVERNS LOOP
City-St-Zip: ORLANDO, FL 32832 US

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: AURORA DAVIDOWITZ

PD

07/05/2007

Electronic Signature of Signing Officer or Director

Date