2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N04000007733

Entity Name: NEXT LEVEL PRODUCTIONS AND PROMOTIONS, INC.

Current Principal Place of Business:

1545 46TH AVENUE
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

1545 46TH AVENUE
VERO BEACH, FL 32966

New Mailing Address:

FEI Number: 56-2475445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAYS, WARREN
1545 46TH AVENUE
VERO BEACH, FL 32966 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: MAYS, WARREN
Address: 1545 46TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: D ( ) Delete
Name: SHIVES, SCOTT
Address: 81 WHITFIELD LANE
City-St-Zip: HENDERSONVILLE, NC 28791

Title: D ( ) Delete
Name: BRUEGGEMAN, TIMOTHY
Address: 6471 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete
Name: SZTAMENITS, ENDRE
Address: 9201 MEANDERING DR.
City-St-Zip: N RICHLAND HILLS, TX 76180

Title: D ( ) Delete
Name: LAMBERT, RONALD
Address: 365 FARLEY'S COURT
City-St-Zip: VERO BEACH, FL 32958

Title: D ( ) Delete
Name: WESTCOTT, PAUL L
Address: 1570 56TH SQUARE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WARREN CAMERON MAYS PD 02/08/2009
Electronic Signature of Signing Officer or Director — Date