

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000008584**

1. Entity Name  
**ST. DOMINIC'S MEDIA PRODUCTION CENTER, INC.**



Principal Place of Business  
**3308 E 15TH STREET  
PANAMA CITY, FL 32405**

Mailing Address  
**3308 E 15TH STREET  
PANAMA CITY, FL 32405**



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5525238**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WARNER, TIMOTHY M ESQ  
519 GRACE AVE  
PANAMA CITY, FL 32401**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000797327  
01/29/08-80068-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ZALEWSKI, PETER L
STREET ADDRESS	3308 E 15TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	HUNT, LUKE
STREET ADDRESS	11 NORTH B STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	REED, MIKE
STREET ADDRESS	100 DANIEL DR
CITY-ST-ZIP	GULF BREEZE, FL 32562
TITLE	D
NAME	NEUBAUER, TOM
STREET ADDRESS	740 S TYNDALL PKWY
CITY-ST-ZIP	PARKER, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peter L. Zalewski*  
Peter L. Zalewski

Date

1/23/08

Daytime Phone #