

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

DOCUMENT # N06000010365

1. Entity Name
BLUE ASPHALT PRODUCTIONS, INC.



Principal Place of Business
2486 LAKE DEBRA DRIVE, #5-102
ORLANDO, FL 32835

Mailing Address
2486 LAKE DEBRA DRIVE, #5-102
ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box #
235 West 63rd Street

3. Mailing Address
235 West 63rd Street

Suite, Apt. #, etc.
Suite 3A

Suite, Apt. #, etc.
Suite 3A

City & State
New York, NY 10023

City & State
New York, NY 10023

Zip
10023

Country
US

Zip
10023

Country
US

07302007 Chg-NP CR2E037 (12/06)

4. FBI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

GOLD, AARON J
704 WEST BAY STREET
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Aaron J. Gold, Esquire

Street Address (P.O. Box Number is Not Acceptable)
202 S. Rome Avenue Suite 100

Suite 100

City
Tampa

FL

Zip Code
33606

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 reappointing)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President/Sec/Treasurer ☐ Delete
Joshua Gold
235 W. 63rd Street, Apt. #3A
New York, NY 10023

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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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:

Joshua Gold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/07
Date Daytime Phone #

July 31, 2007 813/ 223-6361