

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001515

FILED
Apr 29, 2009
Secretary of State

Entity Name: BLACKDREAM PRODUCTION INC.

Current Principal Place of Business:

106 SE 4TH AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

106 SE 4TH AVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 83-0506705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLE-JONES, CHIQUITA
106 SE 4TH AVE
HALLANDALE, FL 33009 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: JONES, KENDRICK R
Address: 106 SE 4TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VPD () Delete
Name: JONES, KENNETH B
Address: 106 SE 4TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: STD () Delete
Name: ROLLE-JONES, CHIQUITA
Address: 106 SE 4TH AVE
City-St-Zip: HALLANDALE, FL 33009

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:

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: CHIQUITA ROLLE JONES

STD

04/29/2009

Electronic Signature of Signing Officer or Director

Date