2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N95000000931

Entity Name: WIZARD PRODUCTIONS, INC.

Current Principal Place of Business:

2611 BAYSHORE BOULEVARD
APARTMENT 502
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2611 BAYSHORE BOULEVARD
APARTMENT 502
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3327032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCOBAR, ELAINE
2611 BAYSHORE BOULEVARD
APARTMENT 502
TAMPA, FL 33629 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:	P	( ) Delete
Name:	ESCOBAR, ELAINE O	
Address:	2311 BAYSHORE BLVD	
City-St-Zip:	TAMPA, FL 33629	
Title:	T	( ) Delete
Name:	JOYCE, JERRY L	
Address:	204 N. MACDILL AVE.	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	SAGE, MAYA	
Address:	12708 BRUCE B DOWNS BLVD APT 211	
City-St-Zip:	TAMPA, FL 33612	
Title:	DVP	( ) Delete
Name:	MEIXNER, SUE	
Address:	807 OJAI AVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	S	( ) Delete
Name:	GIESLER, JEANIE	
Address:	709 BRANTENBURG WAY	
City-St-Zip:	LUTZ, FL 33549	

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:	

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: ELAINE ESCOBAR P 03/13/2009

Electronic Signature of Signing Officer or Director — Date