

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000931

FILED  
Apr 21, 2011  
Secretary of State

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  
Name: ESCOBAR, ELAINE O  
Address: 2311 BAYSHORE BLVD  
City-St-Zip: TAMPA, FL 33629

Title: T  
Name: JOYCE, JERRY L  
Address: 204 N. MACDILL AVE.  
City-St-Zip: TAMPA, FL 33609

Title: D  
Name: SAGE, MAYA  
Address: 12708 BRUCE B DOWNS BLVD APT 211  
City-St-Zip: TAMPA, FL 33612

Title: DVP  
Name: MEIXNER, SUE  
Address: 807 OJAI AVE  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S  
Name: GIESLER, JEANIE  
Address: 709 BRANTENBURG WAY  
City-St-Zip: LUTZ, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: ELAINE ESCOBAR

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date