

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001842

FILED
Apr 30, 2008
Secretary of State

Entity Name: NO JIVE PRODUCTIONS, INC.

Current Principal Place of Business:

5408 NW 190TH STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

P O BOX 170767
MIAMI, FL 33017 US

New Mailing Address:

FEI Number: 65-0659138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, NIAL
5408 N.W. 190TH STREET
MIAMI, FL 33055 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: DVP () Delete
Name: HARRIS, CARLOS A
Address: 1320 NW 82 ST.
City-St-Zip: MIAMI, FL 33147

Title: DP () Delete
Name: MARTIN, NIAL
Address: 5408 N.W. 190TH STREET
City-St-Zip: MIAMI, FL 33055

Title: O () Delete
Name: RAFORD, CLARANACE
Address: 5201 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: C/T () Delete
Name: SIMPSON, ALICIA
Address: 7520 NW 14TH COURT
City-St-Zip: MIAMI, FL 33147

Title: O () Delete
Name: JOSEPH, REED III
Address: 2918 JACKSON STREET
City-St-Zip: MIAMI, FL 33020

Title: S (X) Delete
Name: ESPY, THERESA
Address: 17231 SW 122 AVE
City-St-Zip: MIAMI, FL 33177

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: O (X) Change () Addition
Name: REED III, JOSEPH
Address: 2918 JACKSON STREET
City-St-Zip: MIAMI, FL 33020

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: NIAL MARTIN

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date