2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N96000001842

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

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:	919 NW 4TH AVE APT. #2	
City-St-Zip:	FORT LAUDERDALE, FL 33311	
Title:	O	( ) Change (X) Addition
Name:	EDWARDS, WESTON JR.	
Address:	2865 NE 155TH TERR.	
City-St-Zip:	OPA-LOCKA, FL 33054	

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: ALICIA SIMPSON C/T 04/18/2009

Electronic Signature of Signing Officer or Director — Date