2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000029602

1. Entity Name
AIRTIGHT PRODUCTIONS INC.

FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
P.O. BOX 691954 ORLANDO, FL 32869	PO BOX 691954 ORLANDO, FL 32869

DO NOT WRITE IN THIS SPACE

03022008 No Chg-P CR2E034 (11/06)

4. FEI Number
59-3642093
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CABRAL, RANDY
252 ASHFORD DRIVE
DAVENPORT, FL 33837

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE R Cabral 7/25/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CABREL, RANDY
STREET ADDRESS	252 ASHFORD DRIVE
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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08/04/08-80010-003 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R Cabral 7/25/08 863 242 7221
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #