## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 04, 2008 8:00 am Secretary of State

| DOCUMENT # P0000044484  1. Entity Name POPS CORN, INC.                                 |  |                                  |                     |  | 02-04-2008 90060 028 ***150.00  |                        |                        |                  |
|--|--|----------------------------------|---------------------|--|---|------------------------|------------------------|------------------|
| Principal Place of Business Mailing Address  |  |                                  |                     |  | 4,0   | · -                    |                        |                  |
| 11401 PINES BLVD3STE. 718 11401 PINES BLVI<br>PEMBROKE PINES, FL 33026 PEMBROKE PINES, |  |                                  |                     |  |   |                        |                        | •                |
| Principal Place of Business - No P.O. Box #     3. Mailing Address                     |  |                                  |                     |  |   |                        |                        |                  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.              |                     |  | 01072008  | Chg-P                  | CR2E034 (12/           | 06)              |
| City & State   |  | City & State                     |                     | ~ <del></del>                                      | 4. FEI Number         Applied For           65-1044105         Not Applicable |                        |                        |                  |
| Zip  | Country  | Zıp                              | Zip Country         |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required               |                        |                        |                  |
|  | 6. Name and Address of Curren                                      | t Registered Agent               |                     |  | 7. Name and   | Address of New R       | Registered Agent       |                  |
|  |  |                                  |                     | Name   |   |                        |                        |                  |
| POPKIN & SHURPIN, P.A.<br>2499 GLADES ROAD<br>SUITE 114                                |  |                                  | Str                 | Street Address (P.O. Box Number is Not Acceptable) |   |                        |                        |                  |
| BOCA RATON, FL 33431   |  |                                  |                     |  |   |                        |                        |                  |
|  |  |                                  |                     | City FL Zip Code                                   |   |                        |                        |                  |
|  | e named entity submits this statement fations of registered agent. | or the purpose of changing its   | s registered of     | fice or register                                   | red agent, or both  | n, in the State of Fig | orida. I am familiar v | vith, and accept |
| SIGNATURE  |  |                                  |                     |  |   |                        |                        |                  |
| , SIGNATORIE   | Signature, typed or printed name of registered ager                | nt and title if applicable. (NO  | TE: Registered Agen | n signature required                               | d when reinstating)   |                        | DATE                   |                  |
|  | LE NOW!!! FEE IS \$150.00<br>lay 1, 2008 Fee will be \$550         | 9. Election Campa Trust Fund Con |                     |  | .00 May Be led to Fees  |                        |                        |                  |
| 10. OFFICERS AND DIRECTORS   |  |                                  | 11,                 |  | ADDITIONS/  | CHANGES TO OFF         | FICERS AND DIRECT      | ORS IN 11        |
| TITLE  | P  | ☐ Delete                         | TITLE               |  |   |                        | ☐ Char                 | nge 🔲 Addition   |
| NAME   | FELDMAN, LEE   |                                  | NAME                |  |   |                        |                        |                  |
| STREET ADDRESS CITY-ST-ZIP   | 3280 PADDOCK ROAD<br>WESTON, FL 33331                              |                                  | STREET ADE          | ſ  |   |                        |                        |                  |
| \  | T 33331  | □ Delete                         | TITLE               |  |   |                        | ☐ Char                 | nge 🔲 Addition   |
| TITLE<br>NAME  |  |                                  | NAME                |  |   |                        |                        | igenadillon      |
| STREET ADDRESS   |  |                                  | STREET ADD          | STREET ADDRESS                                     |   |                        |                        |                  |
| CITY-ST-ZIP  | WESTON, FL 33331   |                                  | CITY-ST-2           |  |   |                        |                        |                  |
| TITLE  | V  | - Delete                         | - TITLE             | 15 CU  | etary<br>Lmon, Joyce  |                        | − XC Cha               | nge - 🔲 Addillon |
| NAME   | FELDMAN, JOYCE 3280 PADDOCK ROAD                                   |                                  | NAME<br>STREET ADD  | 1 C C C 22 P                                       | o Paddock 1   | 20                     |                        |                  |
| STREET ADDRESS<br>CITY-ST-ZIP  | WESTON, FL 33331   |                                  | CITY-ST-Z           | P Wer  | sten, FL 2371   |                        |                        |                  |
| TITLE  | S  | ☐ Delete                         | TITLE               | Vice   | President   | <del></del>            | Chai                   | nge 🔲 Addition   |
| NAME   | FELDMAN, LONNIE  |                                  | NAME                | Fald   | lman Lonni  | L                      | / \                    |                  |
| STREET ADDRESS   | 1  |                                  | STREET ADO          | DRESS 3229   | Publick A   | 72.                    |                        |                  |
| CITY-ST-ZIP  | WESTON, FL 33331   |                                  | CITY-ST-Z           | IP West  | ton, FL 37  | 731                    |                        |                  |
| TITLE  |  | ☐ Delete                         | TITLE               |  |   |                        | ☐ Chai                 | nge 🔲 Addition   |
| NAME<br>STREET ADDRESS   |  |                                  | NAME<br>STREET ADI  | DRESS  |   |                        |                        |                  |
| CITY-ST-ZIP  | <b>'</b>   |                                  | CITY-ST-Z           | l l  |   |                        |                        |                  |
| TITLE  |  | ☐ Delete                         | TITLE               |  |   |                        | ☐ Cha                  | nge 🔲 Addition   |
| NAME   |  |                                  | NAME                |  |   |                        |                        |                  |
| CIDEET ADDRESS   | : 1  |                                  | STREET ADI          | DRESS  |   |                        |                        |                  |

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Lonnie Feldman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/7/07

954-349-3499

Daytime Phone #