## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED .... DOCUMENT # P00000065656 Mar 22, 2006 08:00 A 1. Entity Name **Secretary of State** SILVERLIGHT. PRODUCTION, INC. Principal Place of Business Mailing Address 4621 HOLLYWOOD BLVD #100 4621 HOLLYWOOD BLVD #100 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 03132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1023723 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WASSERSTROM, BARRY DO NOT WRITE 4621 HOLLYWOOD BLVD #100 HOLLYWOOD, FL 33021 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) U00000477142 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/06/06-80040-014 150.00 After May 1, 2006 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME PETERSON, KENNETH J STREET ADDRESS 4621 HOLLYWOOD BLVD #100 CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-782

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KANNATH J PERORSON

919.674.8362