



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90179 001 ***150.00

DOCUMENT # P00000092031 1. Entity Name MX PRODUCTIONS, INC.					
2. Principal Place of Business - No P.O. Box # 499 PATRICIA AVENUE, SUITE C DUNEDIN, FL 34698			Mailing Address 499 PATRICIA AVENUE, SUITE C DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box # 5054 Quill Ct			3. Mailing Address 36181 East Lake Rd		
Suite, Apt. #, etc. Suite, Apt. #, etc. # 24			40095400 		
City & State Palm Harbor, FL			City & State Palm Harbor, FL		
Zip 34685			Country USA		
4. FEI Number 59-3695176			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MINK, MICHAEL A 5054 QUILL CT PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINK, MICHAEL A 5054 QUILL CT PALM HARBOR, FL 34685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Michael A Mink*