

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000104368		
1. Entity Name CMG PRODUCTIONS, INC.		
Principal Place of Business 11500 NORTH WEST 30TH PLACE SUNRISE, FL 33323		Mailing Address 11500 NORTH WEST 30TH PLACE SUNRISE, FL 33323
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PITTER, CARL S 7447 NORTH WEST 57TH STREET TAMARAC, FL 33319		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE
TITLE	PTSD	
NAME	GORDON, CLYDE W.G.	
STREET ADDRESS	11500 NORTH WEST 30TH PLACE	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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 entries.		
SIGNATURE: <i>Clyde W. G. Gordon</i>		4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1053254

Applied For
Not Applicable

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

U00000353677
05/03/05-80077-020 150.00