

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108741

FILED
Aug 03, 2005
Secretary of State

Entity Name: CONNECTIVE PRODUCTIONS, INC.

Current Principal Place of Business:

539 16TH STREET
7
MIAMI BEACH, FL 33139

Current Mailing Address:

539 16TH STREET
7
MIAMI BEACH, FL 33139

New Principal Place of Business:

359 MERIDIAN AV
107
MIAMI BEACH, FL 33139

New Mailing Address:

359 MERIDIAN AV
107
MIAMI BEACH, FL 33139

FEI Number: 65-1056197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAZZACAPPA, GIANFRANCO
539 16TH STREET
7
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

STRAZZACAPPA, GIANFRANCO
359 MERIDIAN AV
107
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: STRAZZACAPPA GIANFRANCO

08/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRAZZACAPPA, GIANFRANCO
Address: 539 16TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRAZZACAPPA, GIANFRANCO
Address: 359 MERIDIAN AV
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STRAZZACAPPA GIANFRANCO

PD

08/03/2005

Electronic Signature of Signing Officer or Director

Date