
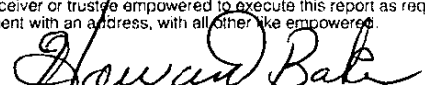


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90054 025 \*\*\*150.00

<b>DOCUMENT # P00000114522</b> 1. Entity Name <b>BAKER PRODUCTIONS, INC.</b>					
Principal Place of Business <b>214 BRAZILIAN AVE., #260 PALM BEACH, FL 33480</b>			Mailing Address <b>214 BRAZILIAN AVE., #260 PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box # <b>3046 S CONGRESS AVE</b>		3. Mailing Address <b>3046 S CONGRESS AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04092008    Chg-P    CR2E034 (12/06)	
City & State <b>Lake Worth FL</b>		City & State <b>Lake Worth FL</b>		4. FEI Number <b>65-1070829</b>	
Zip <b>33461</b>		Country <b>Palm Bch</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SLATER, ROBERT W 214 BRAZILIAN AVE., #260 PALM BEACH, FL 33480</b>				7. Name and Address of Now Registered Agent Name: <b>JAMES J. DONOVAN C.P.A., P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3046 S CONGRESS AVE</b> City: <b>Lake Worth</b> <b>FL</b> Zip Code: <b>33461</b>	
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 registering)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>D</b> NAME <b>BAKER, HOWARD</b> STREET ADDRESS <b>2761 S. BUFFALO DRIVE</b> CITY-ST-ZIP <b>LAS VEGAS, NV 89117</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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.					
<b>SIGNATURE:</b> 			<b>4-14-08</b> <b>702-808-9996</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Telephone #		