2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000013093

1. Entity Name

LMK PRODUCTIONS, INC.



Jul 14, 2005 08:00 AM Secretary of State

Fee Required

FILED

Principal Place of Business

1000 UNIVERSAL STUDIOS PLAZA BUILDING #22 - SUITE 136 ORLANDO, FL 32819 Mailing Address

1000 UNIVERSAL STUDIOS PLAZA BUILDING #22 - SUITE 136 ORLANDO, FL 32819



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07122005 No Chg-P	CR2E034 (10/03)			
4. FEI Number		Applied For		
59-3695312		Liot Applicable		
5. Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

OSSINSKY, MARC P ESQ. 210 N. WYMORE ROAD WINTER PARK, FL 32789

SIGNATURE:

DO NOT WRITE IN THIS SPACE

7/12/05

Castime Phone at

 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) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607, 190(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIRE	CTORS						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D KUSHNER, LOUIS M 1000 UNIVERSAL STUDIOS PLAZA I ORLANDO, FL 32819	3LDG.22 #138						
TITLE NAME STREET ADDRESS CITY-ST ZIP					000000372747 07/14/05-80004-012 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
HILE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET, NAMERIESS. CITY-SI-ZIP								
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Poricia 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 association of 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.								

HWHMEN______NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR