


**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |
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| <b>DOCUMENT # P01000051973</b><br>1. Entity Name<br>STEADI-G PRODUCTIONS, INC. |  |
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| Principal Place of Business<br>10496 AUGUSTA CT.<br>BOCA RATON, FL | Mailing Address<br>10496 AUGUSTA CT.<br>BOCA RATON, FL |
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03012008 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1111514 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**DO NOT WRITE IN THIS SPACE**

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|--|
| 6. Name and Address of Current Registered Agent<br><br>BIANCHINI, GEORGE JR<br>10496 AUGUSTA COURT<br>BOCA RATON, FL 33498 |
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BIANCHINI, GEORGE JR<br>10496 AUGUSTA CT.<br>BOCA RATON, FL 334984601 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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03/21/08-80047-003 163.75

**DO NOT WRITE  
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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.