

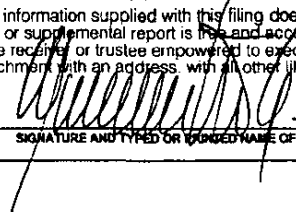


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000087134 1. Entity Name POLUX PRODUCTIONS, INC.						FILED 07 OCT 16 AM 9:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 		
Principal Place of Business 2040 SHERMAN STREET HOLLYWOOD, FL 33020				Mailing Address 2040 SHERMAN STREET HOLLYWOOD, FL 33020				
2. Principal Place of Business - No P.O. Box # 16102 EMERALD ESTATES DR.				3. Mailing Address 16102 EMERALD ESTATES DR.				
Suite, Apt. #, etc. SUITE 323				Suite, Apt. #, etc. SUITE 323				
City & State WESTON, FL				City & State WESTON, FL				
Zip 33331		Country USA		Zip 33331		Country USA		
4. FEI Number 65-1135790				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BOLANOS, MAURICIO 2040 SHERMAN STREET HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 reappointing.) DATE</small>								
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLANOS, MAURICIO <input type="checkbox"/> Delete 750 RANCH ROAD WESTON, FL 33326			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MEMPHYS L. LOPEZ DE BOLANOS 16102 EMERALD ESTATES DR. SUITE 323 WESTON, FL, 33331			
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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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			
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 807, 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.								
SIGNATURE: 				MAURICIO BOLANOS / DIRECTOR				10-11-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>				
<small>Daytime Phone #</small>				(954)295-9585				