2008 FOR PROFIT CORPORATION

FILED Jan 31, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P01000092728** BEHIND THE CURTAIN PRODUCTIONS, INC. Mailing Address Principal Place of Business 11273 SCENIC VIEW LANE 11273 SCENIC VIEW LANE ORLANDO, FL 32821 ORLANDO, FL 32821 01282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3744228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent OSNOWITZ, DANIEL J DO NOT WRITE 11273 SCENIC VIEW LANE ORLANDO, FL 32821 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE OSNOWITZ, DANIEL J NAME STREET ADDRESS 11273 SCENIC VIEW LANE ORLANDO, FL 32821 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1/28/08

Daytime Phone #