


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003068		
1. Entity Name SIXTH BOROUG PRODUCTIONS, INC.		

Principal Place of Business 735-737-739 WASHINGTON AVENUE MIAMI BEACH, FL 33139	Mailing Address 9070 KIMBERLY BLVD #27 PMB 128 BOCA RATON, FL 33434
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 9070 Kimberly Blvd #27
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 128
City & State	City & State BOCA RATON, FL
Zip	Country USA

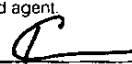
FILED
2007 APR 11 AM 11:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA



04092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MORRIS, STUART ESQ 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433	7. Name and Address of New Registered Agent Name Louis J. Terminello, Esq. Street Address (P.O. Box Number is Not Acceptable) Terminello & Terminello, P.A. 2700 SW 37 Avenue City Miami FL Zip Code 33133
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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.

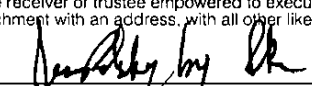
SIGNATURE  DATE 4/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST POLSKY, JENNIFER A 9070 KIMBERLY BLVD #27; PMB 128 BOCA RATON, FL 33434 <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	D POLSKY, JENNIFER A 9070 KIMBERLY BLVD #27; PMB 128 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300097566089 <input type="checkbox"/> Addition 04/19/07--01022--023 **150.00
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
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

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:  DATE 4/4/07 DAYTIME PHONE # 305 444 5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charter Number Only

VALIDATION ONLY

4/10

TERMINELLO + TERMINELLO

Requestor's Name

2700 SW 37th AVE

Address

Miami, FL 33133

City

State

ZIP

Phone

(305) 444-5002

CORPORATION(S) NAME

Sixth Borough Productions, INC

P02000003068

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☒ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028