2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P02000004283 **Secretary of State** 1. Entity Name MOUNDS PRODUCTIONS INC. Principal Place of Business Mailing Address 847 S BROADWAY 847 S BROADWAY **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 01-0602998 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCMULLEN, GORDON Street Address (P.O. Box Number is Not Acceptable) 847 S BROADWAY **ENGLEWOOD FL 34223** Zip Code City 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 according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May : Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addre TITLE MCMULLEN, GORDON NAME NAME U00000407555 STREET ADDRESS 847 S BROADWAY STREET ADDRESS CITY-ST-ZIP 02/08/06-80024-017 150.00 CITY-ST-ZIP ENGLEWOOD FL 34223 TITLE ☐ Change ☐ Add TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE □ A :-NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THLE Change ☐ Add": NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all elements of the corporation of the corporation of the receiver of trustee empowered.

GORDON MC MULLEN

SIGNATURE:

FILED

941-473-775 1