

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020274

FILED
Apr 22, 2009
Secretary of State

Entity Name: CLASS ACT PRODUCTION AND PROMOTION, INC.

Current Principal Place of Business:

9861 W. SAMPLE RD.
#224
CORAL SPRING, FL 33065

New Principal Place of Business:

Current Mailing Address:

PO BOX 101171
H-103
FORT LAUDERDALE, FL 33310 US

New Mailing Address:

FEI Number: 22-3882351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORBES, COLIN D PRES
1876 N. UNIVERSITY DR
#300D
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FORBES, COLIN D MR
Address: 5801 NW 59TH CT
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: BAUMANN, PHILLIP
Address: 9861 W SAMPLE RD, STE 226
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPF () Delete
Name: SMALL, JOHN
Address: 2664 BARTON CHAPEL RD.
City-St-Zip: AUGUSTA, GA 30906

Title: DVP () Delete
Name: DAVIS, TERRANCE MR
Address: 11430 NW 41ST
City-St-Zip: SUNRISE, FL 33351

Title: VPA () Delete
Name: GARDNER, MARY ASSIST.
Address: 1876 NO. UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIS, TERRANCE MR
Address: 11430 NW 41ST
City-St-Zip: SUNRISE, FL 33351

Title: VPA (X) Change () Addition
Name: POTTINGER, MARLINE ASSIST.
Address: 1876 NO. UNIVERSITY DR. STE: 300D
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN FORBES

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date