

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90152 036 ***150.00

DOCUMENT # P02000040013

1. Entity Name
KT PRODUCTIONS, INC.



Principal Place of Business
2641 ATLANTIC BLVD.
SUITE 305
POMPAÑO BEACH, FL 33062

Mailing Address
2641 ATLANTIC BLVD.
SUITE 305
POMPAÑO BEACH, FL 33062

20057815



2. Principal Place of Business

3. Mailing Address

2780 NE 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092005

Chg-P

CR2E034 (10/03)

City & State

City & State

Pompano Beach FL

4. FEI Number

73-1639776

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERSTATE DOCUMENT FILINGS INCORPORATED
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE, FL 32301-2551

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$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
P
ZIRPOLI, CINDY
2641 ATLANTIC BLVD., SUITE 305
POMPAÑO BEACH, FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2780 NE 7th Street
Pompano Beach, FL 33062

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #