

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 042 ***150.00

DOCUMENT # P02000057721

1. Entity Name

LMG PICTURES, INC.



Principal Place of Business

1145 N BISCAYNE PT RD
MIAMI BEACH FL 33141

Mailing Address

4328 WILKINSON AVE
STUDIO CITY CA 91604

2. Principal Place of Business

3. Mailing Address

13017 Woodbridge St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
STUDIO CITY, CA

4. FEI Number

03-0459990

Applied For

Not Applicable

Zip

Country

Zip

91604

Country

USA

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

LANE, SHARON
1145 N BISCAYNE PT RD
MIAMI BEACH FL 33141

Name

Michael Finuccio

Street Address (P.O. Box Number is Not Acceptable)

5891 SW 132nd Terrace

City

Miami

FL

Zip Code

33156

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME LANE, SHARON
STREET ADDRESS 1145 N. BISCAYNE POINT ROAD
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE V ☐ Delete
NAME GRECO, JOSEPH
STREET ADDRESS 1019 KANE CONCOURSE SUITE 202
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

4-26-06

Date

Daytime Phone #

818 990-6366