2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093507

Name:

Address:

City-St-Zip:

STEINBERG, TODD VP

444 NW 1ST AVE, APT 305

FORT LAUDERDALE, FL 33301 US

Entity Name: XTREME XPERIENCE PRODUCTIONS, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1400 E OAKLAND PAKR BLVD, STE 209 OAKLAND PARK, FL 33334				1400 E OAKLAND PARK BLVD, STE 209 OAKLAND PARK, FL 33334	
Current M	ailing Addre	ss:	New Mailing Add	lress:	
1400 E OAKLAND PAKR BLVD, STE 209 OAKLAND PARK, FL 33334			1400 E OAKLAND PARK BLVD, STE 209 OAKLAND PARK, FL 33334		
FEI Number:	37-1440367	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
685 KENSI WILTON M The above	R, JORGE J INGTON PLA IANORS, FL named entity of Florida.	33305 US	purpose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	BROUWER, J 685 KENSING) Delete DRGE J PRES TON PL DRS, FL 33305 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PARCHETA, N CROSSINGS (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	0 () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JORGE BROUWER D 01/16/2009