

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-P CR2E034 (12/06) 07

DOCUMENT # P02000105665 1. Entity Name SILVER PRODUCTIONS, INC.					
Principal Place of Business PO BOX 20782 TALLAHASSEE, FL 32316			Mailing Address PO BOX 20782 TALLAHASSEE, FL 32316		
2. Principal Place of Business - No B.O. Box # 117 S. Gadsden Street Suite, Apt. #, etc. #200		3. Mailing Address Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32301 Country USA			
4. FEI Number 04-3720363		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SILVER, RONALD A 407 LINCOLN ROAD PENTHOUSE SUITE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SILVER, JOEL PO BOX 20782 TALLAHASSEE, FL 32316		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	