

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112366

Entity Name: WASKY PRODUCTIONS, INC.

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

27 BEACHWAY  
PORT WASHINGTON, NY 110503407

**New Principal Place of Business:**

**Current Mailing Address:**

27 BEACHWAY  
PORT WASHINGTON, NY 110503407

**New Mailing Address:**

FEI Number: 86-1064779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANSON, MARK GRAHAM  
2530 SW THIRD AVENUE SUITE 102  
MIAMI, FL 331292034 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: PD ( ) Delete  
Name: WASKOVER, PAULA CRANE  
Address: 27 BEACHWAY  
City-St-Zip: PORT WASHINGTON, NY 110503407

Title: DST ( ) Delete  
Name: WASKOVER, MICHAEL  
Address: 27 BEACHWAY  
City-St-Zip: PORT WASHINGTON, NY 110503407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: MICHAEL WASKOVER

DST

04/15/2008

Electronic Signature of Signing Officer or Director

Date