

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000018233

1. Entity Name
SKY MEDIA PRODUCTIONS INC.



Principal Place of Business
1870 NE 181 STREET
N. MIAMI, FL 33162

Mailing Address
1870 NE 181 STREET
N. MIAMI, FL 33162

FILED

2008 MAR -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0543584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLAR, JACOBO
8035 SW 15 ST.
MIAMI, FL 33140

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARSANS, GUSTAVO
STREET ADDRESS	1870 NE 181 STREET
CITY-ST-ZIP	N. MIAMI, FL 33162

TITLE	T
NAME	MARSANS, MIRIAM
STREET ADDRESS	1870 NE 181 STREET
CITY-ST-ZIP	N. MIAMI, FL 33162

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200120097992
03/12/08--01026--013 **150.00

DO NOT WRITE
IN THIS SPACE

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #