## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2007 8:00 am Secretary of State DOCUMENT # P03000064441 05-01-2007 90040 048 \*\*\*150.00 1. Entity Name YAC PRODUCTIONS, INC. Principal Place of Business Mailing Address 7003enr 1069 W. MORSE BLVD. 1069 W. MORSE BLVD. WINTER PARK, FL 32789-3711 US WINTER PARK, FL 32789-3711 US 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address 1069 W Morse Blud 1069 W Morse Blud Suite Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) Suite 1 City & State City & State 4. FEI Number Applied For Winter Winter Park 05-0577242 Not Applicat Zip \$8.75 Additional 5. Certificate of Status Desired 32789 32789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard C Wolfe W EDWARD MCLEOD, P.A. Street Address (P.O. Box Number is Not Acceptable) 284 PARK AVE N WINTER PARK, FL 32789 Zip Code 3913 / 8. The above name aptity 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 acce the obligation ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Addit Change Linders, Jeanette C NAME LINDERS, JEANETTE C NAME 9210 Ridge Pine Trail STREET ADDRESS 222 S NEW YORK AVE. TOP FLOOR STREET ADDRESS Orlandó 71 32819 CITY-ST-7/P WINTER PARK, FL 32789 CITY-ST-ZIP TIFLE Delete TITLE ☐ Change ✓ Addit Grant, Joanne C 1243 kake Willisaia Circle NAME NAME STREET ADDRESS STREET ADORESS 71 32806 CITY-ST-ZIP CITY-ST-ZIP Orlando TITLE ☐ Delete TITLE Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addit NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addit NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 it made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-27.07

407-478-1700

**FILED**