

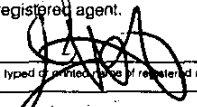
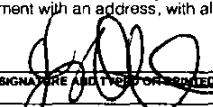


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90026 035 ***158.75

DOCUMENT # P03000082822 1. Entity Name DYPRODUCTIONS, INC.					
Principal Place of Business 999 BRICKELL AVE. STE. 800 MIAMI, FL 33131			Mailing Address 999 BRICKELL AVE. STE. 800 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 2 South Biscayne Blvd		3. Mailing Address 2 South Biscayne Blvd			
Suite, Apt. #, etc. #1742		Suite, Apt. #, etc. #1742		02262007 Chg-P CR2E034 (12/06)	
City & State Miami FL		City & State Miami FL		4. FEI Number 01-0796296	
Zip 33131		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGELS, MARTIN 100 S.E. 2ND STREET STE 2150 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name DAVID L YARUS Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Blvd #1742 City Miami FL 33131	
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 <input checked="" type="checkbox"/>  (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 YARUS, DAVID L. 999 BRICKELL AVE., #800 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID L. YARUS 2 South Biscayne Blvd #1742 Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<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: <input checked="" type="checkbox"/> 			4/23/07 305371-2722 Date Daytime Phone		