2007 FOR PROFIT CORPORATION

Secretary of State **ANNUAL REPORT** 03-08-2007 90006 002 ***150.00 DOCUMENT # P03000085746 LOVE-ZAGER PRODUCTIONS, INC. VUAZIDDA Principal Place of Business Mailing Address 2268 NW 52ND STREET C/O MINTZ ROSENFELD ELITE 450 77TH AVE. #1701 BOCA RATON, FL 33496 NEW YORK, NY 10123-1701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address C/O J.H.COHN LLP 7154 ARCADIA BAY CT. Suite, Apt. #, etc. 1212 6TH AVENUE, 15TH FLOOR Suite, Apt. #, etc. 01242007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State NEW YORK, NY DELRAY BEACH, 13-2870313 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 33446 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL ZAGER ZAGER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7154 ARCADIA BAY CT. 2268 NW 52ND STREET BOCA RATON, FL 33496 Zip Code 33446 DELRAY BEACH 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. MICHAEL ZAGER SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE ZAGER, MICHAEL ZAGER, MICHAEL NAME NAME 7154 ARCADIA BAY CT. STREET ADDRESS STREET ADDRESS 2268 NW 52ND STREET DELRAY BEACH, FL 33446 CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE LOVE, GERALD NAME NAME 3179 ST ANNEE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

7.l. 17,200)

FILED Mar 08, 2007 8:00 am