

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085746

FILED
Apr 16, 2009
Secretary of State

Entity Name: LOVE-ZAGER PRODUCTIONS, INC.

Current Principal Place of Business:

7154 ARCADIA BAY CT
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

C/O J.H. COHN LLP
1212 6TH AVENUE, 7TH FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 13-2870313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAGER, MICHAEL
7154 ARCADIA BAY CT
DELRAY BEACH, FL 33446 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: D () Delete
Name: ZAGER, MICHAEL
Address: 7154 ARCADIA BAY CT
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: LOVE, GERALD
Address: 3179 ST ANNEE DRIVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LOVE, GERALD
Address: 3179 ST ANNE DRIVE
City-St-Zip: BOCA RATON, FL 33496

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 ZAGER

D

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date