2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State
03-28-2006 90116 016 ***150.00

DOCUMENT # P04000000330

1. Entity Name
MOXIE VIDEO PRODUCTIONS INC

Principal Place of Business	Mailing Address
5574 AVELLINO PLACE SARASOTA FL 34238	C/O MARVIN B TURETSKY CAP PLLC 200 MADISON AVE STE 2310 NEW YORK NY 10016

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
5759 Wilena Place	C/o MARVIN B. TURETSKY CPA PLLC
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200 MADISON AVE, SUITE 2210
City & State: Sarasota FL	City & State: NEW YORK, NY
Zip: 34238 Country: USA	Zip: 10016 Country: USA

4. FEI Number 20-0552875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIOTTA, CHARLES 5574 AVELLINO PLACE SARASOTA FL 34238	Name: LIOTTA, CHARLES Street Address (P.O. Box Number is Not Acceptable): 5759 WILENA PLACE City: SARASOTA FL Zip Code: 34238

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	LIOTTA, CHARLES		NAME	LIOTTA, CHARLES	
STREET ADDRESS	5574 AVELLINO PLACE		STREET ADDRESS	5759 WILENA PLACE	
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ✓ [signature] 3/15/06 941-922-4837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #