## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 28, 2006 8:00 am **Secretary of State** DOCUMENT # P04000000330 1. Entity Name 03-28-2006 90116 016 \*\*\*150.00 MOXIE VIDEO PRODUCTIONS INC Principal Place of Business 5574 AVELLINO PLACE C/O MARVIN B TURETSKY CAP PLLC 200 MADISON AVE STE 2310 NEW YORK NY 10016 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address C/O MARVIN'B. TURETSKY CPA PULC Mailing Address **5**759 Wilena Place Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) OIGG STIUZ, SUA MOZICAM OOR City & State City & State 4. FEI Number Applied For 20-0552875 Sarasota NEW YORK, NY Not Applicable Country \$8.75 Additional 34238 5. Certificate of Status Desired USA USÁ 10016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIUTTA, CHARLES LIOTTA, CHARLES Street Address (P.O. Box Number is Not Acceptable) 5759 WILENA PLACE 5574 AVELLINO PLACE SARASOTA FL 34238 Zip Code 34238 City SARASOTA 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Change ☐ Addition Delete LIOTTA, CHARLES LIOTTA, CHARLES 5759 WILENA PLACE STREET ADDRESS 5574 AVELLINO PLACE STREET ADDRESS 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 ☐ Detete TITLE TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIE CITY+ST-7IP Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his 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 frue 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 embowered 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**