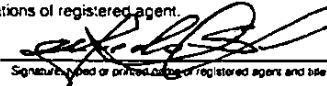
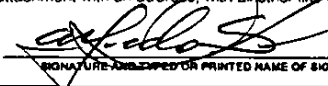


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-12-2007 90102 017 ***150.00

DOCUMENT # P04000032158 1. Entity Name POLITZER PRODUCTIONS CORP.					
Principal Place of Business 2350 NW 96 AVE MIAMI, FL 33172			Mailing Address 2350 NW 96 AVE MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-0764941	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHWARZ, ALFREDO 2350 NW 96 AVE MIAMI, FL 33172			7. Name and Address of New Registered Agent Name ALFREDO SCHWARZ Street Address (P.O. Box Number is Not Acceptable) 981 SAN PEDRO AV City CORAL GABLES FL Zip Code 33156		
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 upon filing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARZ, ALFREDO 2350 NW 96 AVE MIAMI, FL 33172	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARZ ALFREDO 981 SAN PEDRO AV CORAL GABLES FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARZ, ILSE 2350 NW 96 AVE MIAMI, FL 33172	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARZ ILSE 981 SAN PEDRO AV CORAL GABLES FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  03/21/07					