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	Mailing Address
2350 NW 96 AVE MIAMI, FL 33172	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
Zip / Country	Zip / Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0764941 — 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
SCHWARZ, ALFREDO 2350 NW 96 AVE MIAMI, FL 33172	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 _____ (Signature of new or previous registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) 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	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	SCHWARZ, ALFREDO	NAME	SCHWARZ ALFREDO
STREET ADDRESS	2350 NW 96 AVE	STREET ADDRESS	981 SAN PEDRO AV
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	VSD ☒ Delete	TITLE	VSD ☒ Change ☐ Addition
NAME	SCHWARZ, ILSE	NAME	SCHWARZ ILSE
STREET ADDRESS	2350 NW 96 AVE	STREET ADDRESS	981 SAN PEDRO AV
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 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
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #