

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90082 019 ***150.00

DOCUMENT # P04000047632

1. Entity Name
L.N.E. PRODUCTIONS, INC.



Principal Place of Business
510 SW 38TH AVENUE
PLANTATION, FL 33312

Mailing Address
510 SW 38TH AVENUE
PLANTATION, FL 33312

50031582

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182005

Chg-P

CR2E034 (10/03)

4. FEI Number

74 311 7807 EIN #

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

ELLIS, LASCELLES B JR.
510 SW 38TH AVENUE
PLANTATION, FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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 P ☐ Delete
NAME ELLIS, LASCELLES B JR.
STREET ADDRESS 510 SW 38TH AVENUE
CITY-ST-ZIP PLANTATION, FL 33312

TITLE ☒ Change ☐ Addition
NAME 16196 SW 16 Street
STREET ADDRESS Pembroke Pines, FL 33027
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME THOMAS ELLIS, NADINE N
STREET ADDRESS 510 SW 38TH AVENUE
CITY-ST-ZIP PLANTATION, FL 33312

TITLE ☒ Change ☐ Addition
NAME 16196 SW 16 Street
STREET ADDRESS Pembroke Pines, FL 33027
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomasellis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 822 0067

Daytime Phone #