

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 047 ***150.00

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1. Entity Name
KMC PRODUCTIONS, INC.



40044904



03092008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0893581

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

Principal Place of Business
**15750 NE 19TH COURT
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1439 S CRESCENT HEIGHTS BLVD
LOS ANGELES, CA 90035**

2. Principal Place of Business - No P.O. Box #
2168 Appaloosa Trail
Suite, Apt. #, etc.

3. Mailing Address
2425 9th Ave
Suite, Apt. #, etc.

City & State
Wellington, FL
Zip **33414** Country **USA**

City & State
Los Angeles, CA
Zip **90018** Country **USA**

6. Name and Address of Current Registered Agent

**CERTIFIED TAX EXPERTS, INC.
6834 STIRLING ROAD
DAVIE, FL 33024**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CORTEZ, KESSHANN**
STREET ADDRESS **1439 S. CRESCENT HEIGHTS BLVD.**
CITY - ST - ZIP **LOS ANGELES, CA 90035**

TITLE **V** ☐ Delete
NAME **CORTEZ, MICHELLE**
STREET ADDRESS **1439 S. CRESCENT HEIGHTS BLVD.**
CITY - ST - ZIP **LOS ANGELES, CA 90035**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

x michelle lazzarino - CEO

3/10/08