

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

01-24-2005 90047 024 ***150.00

DOCUMENT # P04000100711					
1. Entity Name WAKE UP PRODUCTIONS, INC.					
Principal Place of Business %RIS 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI, FL 33131			Mailing Address %RIS 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI, FL 33131		
2. Principal Place of Business 4649 Ponce de Leon Blvd.			3. Mailing Address 4649 Ponce de Leon Blvd.		
Suite, Apt. #, etc. Suite 304			Suite, Apt. #, etc. Suite 304		
City & State Coral Gables, Florida			City & State Coral Gables, Florida		
Zip 33146	Country USA	Zip 33146	Country USA	4. FEI Number 20-1363087 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI, FL 33131			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
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 NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JONATHAN D 4649 PONCE DE LEON BLVD., SUITE 304 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIT, BRIAN 4649 PONCE DE LEON BLVD., SUITE 304 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARES, MARIA 4649 PONCE DE LEON BLVD., SUITE 304 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: <u>Maria Miller</u>			1-14-05 305 662-9649		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

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