

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000103975

**Entity Name:** SWITCH PRODUCTIONS, INC.

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5081 PRESERVE BLVD.  
ST CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

5081 PRESERVE BLVD.  
ST CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 20-1363498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PROFESSIONAL TAX CONSULTANTS  
112 AVENUE E S.W.  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BEASLEY, MICHAEL D  
Address: 5081 PRESERVE BLVD.  
City-St-Zip: ST CLOUD, FL 34772

Title: S&T  
Name: BEASLEY, CAROLYN J  
Address: 5081 PRESERVE BLVD.  
City-St-Zip: ST CLOUD, FL 34772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN J. BEASLEY

SECY

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date