


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90123 025 ***158.75

DOCUMENT # P04000123041 1. Entity Name BLACK ZODIAC PRODUCTIONS, INC.					
Principal Place of Business 1419 ROWANTREE DRIVE DOVER, FL 33527			Mailing Address 1419 ROWANTREE DRIVE DOVER, FL 33527		
2. Principal Place of Business - No P.O. Box # 7528 Bay Pine Dr.		3. Mailing Address 7528 Bay Pines Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wesley Chapel, FL		City & State Wesley Chapel FL		4. FEI Number 20-1524587	
Zip 33544		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICE OF NICK SPRADLIN, LLC 4001 WEST HENRAY AVENUE SUITE 306 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Law office of Nick Spradlin, LLC Street Address (P.O. Box Number is Not Acceptable) 12000 N. Dale Mabry Hwy #110 City TAMPA FL Zip Code 33618			
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 Nick Spradlin 4/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ROBINSON, MAYELIN <input type="checkbox"/> Delete 1419 ROWANTREE DRIVE DOVER, FL 33527		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robinson, Mayelin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33544 7528 Bay Pine Dr. Wesley Chapel, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: * MICE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			* 4/2/2008 * 813-770-0821 <small>Date Daytime Phone #</small>		