


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000129415 1. Entity Name POST PRODUCTION MEDIA INC.		
Principal Place of Business 348 N.E. 85TH ST. EL PORTAL, FL 33138	Mailing Address 348 N.E. 85TH ST. EL PORTAL, FL 33138	



08022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1114815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

HOGAN, MICHAEL
348 N.E. 85TH ST.
EL PORTAL, FL 33138

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)

U00000575286

08/25/06-80004-011 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	HOGAN, MICHAEL
STREET ADDRESS	348 NE. 85TH ST
CITY-ST-ZIP	EL PORTAL, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 25, 2006

Date

305-385-0979

Daytime Phone #