

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

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FILED
Mar 31, 2006 8:00 am
Secretary of State

03-20-2006 90003 035 ***150.00

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| DOCUMENT # P05000041447 1. Entity Name T&V EXHIBIT PRODUCTIONS, INC. | | | | | |
| Principal Place of Business 10705 ROCKET BLVD., #102 ORLANDO, FL 32824 | | | Mailing Address 10705 ROCKET BLVD., #102 ORLANDO, FL 32824 | | |
| 2. Principal Place of Business 10705 ROCKET BLVD Suite, Apt. #, etc. #102 City & State ORLANDO FL Zip 32824 Country USA | | 3. Mailing Address 10705 ROCKET BLVD Suite, Apt. #, etc. #102 City & State ORLANDO FL Zip 32824 Country USA | | | |
| 03102006 Chg-P CR2E034 (11/05) | | | | 4. FEI Number 202587855 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent FRUTO, TOMAS 8501 DOT LANE ORLANDO ORLANDO, FL 32809 | | | 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: <u><i>Tomas Fruto</i></u> (NOTE: Registered Agent signature required when re-registering) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 MERIDA, VICTOR 2319 DAWNWOOD LANE ORLANDO, FL 32809 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MERIDA, TANIA 2319 DAWNWOOD LANE ORLANDO, FL 32809 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FRUTO, THOMAS 2319 DAWNWOOD LANE ORLANDO, FL 32809 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u><i>Tania Merida</i></u> Date: <u>4078477685</u> | | |