## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P05000095686 04-26-2006 90213 031 \*\*\*150.00 **BROADBAND PRODUCTIONS INC** Principal Place of Business Mailing Address 1477 YOUNG AVE 1477 YOUNG AVE CLEARWATER, FL 33756 CLEARWATER, FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01042006 Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORN, RANDY A Street Address (P.O. Box Number is Not Acceptable) 1477 YOUNG AVE CLEARWATER: FL 33756 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Delete ☐ Change Addition CORN, RANDY A NAME NAME STREET ADDRESS 1477 YOUNG AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP Addition TITLE ☐ Delete TILE ☐ Change CORN, RANDY A NAME NAME STREET ADDRESS 1477 YOUNG AVE STREET ADDRESS CLEARWATER, FL 33756 CITY-ST-7IP CITY-ST-71P TITLE ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Addition ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY, ST. 7P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it 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 attact procedure that an address, with all other like empowered.

SIGNATURE:

4-23-06 7274462409

FILED