


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90003 029 \*\*\*150.00

<b>DOCUMENT # P05000118897</b> 1. Entity Name <b>DOUBLEDOWN PRODUCTIONS, INC.</b>					
Principal Place of Business <b>1401 BAY ROAD UNIT 503 MIAMI BEACH, FL 33139</b>			Mailing Address <b>1401 BAY ROAD UNIT 503 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box # <b>824 WEST 47<sup>th</sup> ST.</b>		3. Mailing Address <b>PO BOX 1859</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI BEACH, FLORIDA</b>		City & State <b>FLORIDA, MIAMI BEACH</b>		4. FEI Number <b>56-2532127</b>	
Zip <b>33140</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33119</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STOWE, JOHANNA 1401 BAY ROAD UNIT 503 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>824 WEST 47<sup>th</sup> ST.</b> City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33140</b>		
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 _____ DATE <b>8/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>STOWE, STEVEN</b> <b>1401 BAY ROAD, UNIT 503</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 1859</b> <b>MIAMI BEACH, FL 33119</b>	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8/18/08 786 252 5302</b> <small>Date Daytime Phone #</small>		

# ATTACHMENT

40114222

August 18, 2008

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to serve as notice of DoubleDown Productions, Inc.'s official payment for the 2008 Annual Report fee. Enclosed please find the check and form....

Please also note that we are requesting to waive any late fees associated with this account, as the address for the company on file was incorrect and we did not receive any notification via the mail.

In the future, please use the following address for all correspondence associated with DoubleDown Productions, Inc.:

824 West 47<sup>th</sup> Street  
Miami Beach, FL 33140  
Attn: Johanna

## Florida Profit Corporation

DOUBLEDOWN PRODUCTIONS, INC.

### Filing Information

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Date Filed 08/25/2005

State FL

Status ACTIVE

Thank you for your consideration,



Steve Stowe

# DoubleDown

PRODUCTIONS, INC.