## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90206 046 \*\*\*150.00

	ANNUAL	REPORT	
DOCUMENT#	P050001270	027	

1. Entity Name
JMG PRODUCTIONS, INC.



Principal Place of Business

CO WAV

6381 N.W. 63 WAY PARKLAND, FL 33067 Mailing Address

6381 N.W. 63 WAY PARKLAND, FL 33067



04082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 41-2205533 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICKY, GORDON D 2856 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065

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<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	urpose of changing its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

10.	OFFICERS AND DIRECTORS
NAME STREET ADDRESS CITY-ST-ZP	P GORDON, JOHN-MICHAEL 6381 N.W. 63 WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, RICKY D 6381 N.W. 63 WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZEP	S GORDON, ANNA C 6381 N.W. 63 WAY PARKLAND, FL 33067
NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, RICKY D 6381 N.W. 63 WAY PARKLAND, FL 33067
TITLE NAME STREET ADORESS CITY-ST-ZIP	
TITLE NAME STREET ADORESS CITY-ST-ZIP	

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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 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:

TOHN-MICHAEL GON-DON
D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

954-753-0200

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