200 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 05, 2006 8:00 am Secretary of State

DOCUMENT # P05000128105 1. Entity Name LAZY EYE PRODUCTIONS, INC.					09-05-2006 90027 016 ***150.00			
Principal Plac	e of Business	Mailing Address			1/			
1727 NE 2N Ft.lauderd	D AVE ALE, FL 33305	1727 NE 2ND AVE FT LAUDERDALE, FL 333	05		V	60038	538	
-3	, met	× i			 			
2. Principal Place of Business 3. Mailing Address SAME			B					
Suite, Apt.	TE #2	Suite, Apt. #, etc.	E	08172006	Chg-P	CR2E034 (11	1/05)	
FT. LanderdalE F) City & Spene			5	16 Numb	74377	9	Applied For Not Applicable	
333	55 Bound	Jame	Sme	<u> </u>	of Status Desired	Fee Re	5 Additional equired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
MINDE, JEFFREY H								
1 4013 14 CHIVE NOTE I DIN #242				ss (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS, FL 33067								
			City				- 0- 1-	
			City			FL Zip	p Code	
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and	Beck	gistered office or reg		th, in the State of Flor	126/	r with, and accept	
FILE NOW!!! FEE 1S \$150.00 Due by September 6, 2006 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance w corporation did n	ith s. 607.193(2 ot receive the p	2)(b), F.S., the prior notice.	
10.	OFFICERS AND DIRECTORS 11		11.	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete	TITLE		- -	C) C)	nange	
NAME	BECHELLI, MARK		NAME					
STREET ADDRESS CITY-ST-ZIP	1727 NE 2ND AVE FT LAUDERDALE, FL 33305		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				nange	
,NAME	•	_ Donac	NAME					
STREET ADDRESS			STREET ADDRESS					

CITY - ST - ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete 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 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 11 if changed, or on an attachment point an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR