


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90048 048 \*\*\*150.00

<b>DOCUMENT # P05000128105</b> 1. Entity Name <b>LAZY EYE PRODUCTIONS, INC.</b>			
Principal Place of Business <b>1727 NE 2ND AVE SUITE 2 FT LAUDERDALE, FL 33305</b>		Mailing Address <b>1727 NE 2ND AVE SUITE 2 FT LAUDERDALE, FL 33305</b>	
2. Principal Place of Business - No P.O. Box # <b>663 KENSINGTON PL</b>		3. Mailing Address <b>663 KENSINGTON PL</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>WILTON MANORS, FL</b>		City & State <b>WILTON MANORS, FL</b>	
Zip <b>33305</b>		Zip <b>33305</b>	
Country <b>USA</b>		Country 	
4. FEI Number <b>16-1743779</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MINDE, JEFFREY H 4613 N UNIVERSITY DR #242 CORAL SPRINGS, FL 33067</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BECELLI, MARK</b> <b>1727 NE 2ND AVE</b> <b>FT LAUDERDALE, FL 33305</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARC BECELLI</b> <b>663 KENSINGTON PL</b> <b>WILTON MANORS, FL 33305</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
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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.			
<b>SIGNATURE:</b> <i>Marc G Becelli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/24/08</b> Daytime Phone #: <b>(954) 565-5466</b>	