

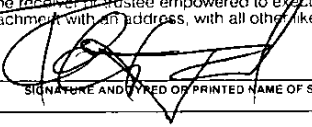


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90015 007 \*\*\*550.00

<b>DOCUMENT # P05000146727</b> 1. Entity Name <b>E.P. PRODUCTIONS, INC.</b>					
Principal Place of Business <b>726 NE FIRST ST GAINESVILLE, FL 32601</b>			Mailing Address <b>726 NE FIRST ST GAINESVILLE, FL 32601</b>		
2. Principal Place of Business - No P.O. Box # <b>11 SE Second Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>11 SE Second Ave</b> Suite, Apt. #, etc.			
City & State <b>Gainesville FL</b> Zip <b>32601</b> Country <b>USA</b>		City & State <b>Gainesville FL</b> Zip <b>32601</b> Country <b>USA</b>		07102008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>20-3827951</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>RUSH, ROBERT A 726 NE FIRST ST GAINESVILLE, FL 32601</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11 SE Second Ave</b> City <b>Gainesville FL</b> Zip Code <b>32601</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSH, ROBERT A 726 NE FIRST ST GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11 SE Second Ave Gainesville FL 32601</b>	<input checked="" 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
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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.					
SIGNATURE: 			Date <b>7/10/08</b> Daytime Phone # <b>352 3737566</b>		