

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158467

Entity Name: RGP PRODUCTIONS, INC.

FILED  
Apr 04, 2008  
Secretary of State

## Current Principal Place of Business:

7512 NW 40 STREET  
CORAL SPRINGS, FL 330652002

## New Principal Place of Business:

4005 WOODSIDE DRIVE  
CORAL SPRINGS, FL 330651905

## Current Mailing Address:

7512 NW 40 STREET  
CORAL SPRINGS, FL 330652002

## New Mailing Address:

4005 WOODSIDE DRIVE  
CORAL SPRINGS, FL 330651905

FEI Number: 51-0562871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PICKERING, RITA G  
7512 NW 40 STREET  
CORAL SPRINGS, FL 330652002 US

## Name and Address of New Registered Agent:

PICKERING, RITA G  
4005 WOODSIDE DRIVE  
CORAL SPRINGS, FL 330651905 US

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.

SIGNATURE:

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: PICKERING, RITA G  
Address: 7512 NW 40 STREET  
City-St-Zip: CORAL SPRINGS, FL 330652002

Title: VP ( ) Delete  
Name: AIELLO, SHANNON L  
Address: 4005 WOODSIDE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: PICKERING, MARK B  
Address: 570 BOULEVARD PLACE NE #8  
City-St-Zip: ATLANTA, GA 303082859

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: PICKERING, RITA G  
Address: 4005 WOODSIDE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 330651905

Title: VP (X) Change ( ) Addition  
Name: AIELLO, SHANNON L  
Address: 7512 NW 40 STREET  
City-St-Zip: CORAL SPRINGS, FL 330652002

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA G. PICKERING

PTSD

04/04/2008

Electronic Signature of Signing Officer or Director

Date