## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

## Apr 14, 2008 8:00 am Secretary of State DOCUMENT # P06000031555 04-14-2008 90059 012 \*\*\*150.00 TAC PRODUCTIONS, INC. Principal Place of Business Mailing Address 6342 FOREST HILL BLVD. 6342 FOREST HILL BLVD. SUITE 165 SUITE 165 WEST PALM BEACH, FL 33415-6014 US WEST PALM BEACH, FL 33415-6014 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0351655 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLATER, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 214 BRAZILIAN AVENUE **SUITE 260** PALM BEACH, FL 33480 Zip Code 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE ☐ Channe Addition OTANO, PEDRO JR. NAME NAME 6342 FOREST HILL BLVD. SUITE 165 STREET ADORESS STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Oelete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby deatily 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 of 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 of an attachment with an address, with all other like empowered.

3-4-0F

561-202-5337