2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000035086



ANNUAL REPORT					Apr 18, 2007 8:00 am Secretary of State			
DOCUMENT # P06000035086				Secretary of State				
1. Entity Nan ZEBRA N	ne MEDIA PRODUCTIONS, INC				0181 019 ***150.0			
•	ce of Business ND LAKE ROAD L 32819 US	Mailing Address 7345 W. SAND LAKE RO SUITE 211 ORLANDO, FL 32819	us :			I BRIBA RIRI BON BARBI IBNA B	311 46 1 (L.JRB)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032007	Chg-P	CR2E034 (12/06)		
City & Stat	е	City & State		4. FEI Numb	er 57-40774		oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent Name					
BANNING, EVERETT 7512 DR. PHILLIPS BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
UNIT 50-111 ORLANDO, FL 32819			•				•	
,			City			FL Zip Cox	le	
the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its r	egistered office or registe	ered agent, or bo	th, in the State of Flo	rida. I am familiar with	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating)		DATE		
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS 11		11.	ADDITIONS	L /CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	PRES BANNING, EVERETT 10044 HIGHLAND WOODS COU	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	SECR BANNING, MARI T 10044 HIGHLAND WOODS COU	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY OF TIP		☐ Delete	CITY-S1-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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 empewered 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 orderess, with all other like empowered.

SIGNATURE:

EVENET BANNING OF SIGNING OFFICER OR DIRECTOR

FILED