



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

01-12-2007 90017 008 ***150.00
05-18-2007 90028 007 ***550.00

DOCUMENT # P06000042946 1. Entity Name TIG PRODUCTIONS, INC.																													
Principal Place of Business 501 CENTRE STREET 123 FERNANDINA BEACH, FL 32034			Mailing Address 501 CENTRE STREET 123 FERNANDINA BEACH, FL 32034																										
2. Principal Place of Business - No P.O. Box # 501 CENTRE STREET Suite, Apt. #, etc. 128		3. Mailing Address 501 CENTRE STREET Suite, Apt. #, etc. 128																											
City & State FERNANDINA BEACH, FL		City & State FERNANDINA BEACH, FL		4. FEI Number 14-1996513																									
Zip 32034		Country NASSAU		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RAUER, LANNY M 501 CENTRE STREET 123 FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name BEN J CELSO Street Address (P.O. Box Number is Not Acceptable) 501 CENTRE ST., SUITE 128 City FERNANDINA BEACH FL Zip Code 32034																									
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 <u><i>Ben J Celso</i></u> BEN J CELSO 5-14-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE</small>																													
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">P HOLMES, LAWRENCE</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">501 CENTRE STREET, SUITE 123</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FERNANDINA BEACH, FL 32034</td> </tr> </table>			TITLE	P HOLMES, LAWRENCE	<input checked="" type="checkbox"/> Delete	NAME			STREET ADDRESS	501 CENTRE STREET, SUITE 123		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">P HOLMES, LAWRENCE</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">501 CENTRE ST., STE. 128</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">FERNANDINA BEACH, FL 32034</td> </tr> </table>			TITLE	P HOLMES, LAWRENCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS	501 CENTRE ST., STE. 128		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
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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: <u><i>Lawrence Holmes</i></u> LAWRENCE HOLMES 5/14/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date)</small>																													