2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106706

MIAMI, FL 33129

MIAMI, FL 33129

Entity Name: EDUTAINMENT PRODUCTIONS, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% HUGH P. ARZA, ESQ. % HUGH P. ARZA, ESQ 3135 SW 3RD AVÉNUE 1ST FLOOR

1441 BRICKELL AVENUE, SUITE 1500

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

% HUGH P. ARZA, ESQ % HUGH P. ARZA, ESQ. 1441 BRICKELL AVENUE, SUITE 1500 3135 SW 3RD AVENUE 1ST FLOOR

MIAMI, FL 33131

FEI Number: 20-5397236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARZA, HUGO P ESQ. ARZA, HUGO P ESQ 805 W 88TH ST STE 1920 1441 BRICKELL AVENUE, SUITE 1500

MIAMI, FL 33130 MIAMI, FL 33131 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: HUGO ARZA 01/27/2009

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

COHEN, PHYLLIS R COHEN, SANFORD Name: Name: 3135 SW 3RD AVENUE, 1ST FLOOR Address: 1441 BRICKELL AVENUE, SUITE 1500 Address:

City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33131

Title: () Delete Title: VΡ () Change (X) Addition

COHEN, PHYLLIS Name: Name:

Address: Address: 1441 BRICKELL AVENUE, SUITE 1500

MIAMI, FL 33131 City-St-Zip: 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: SANFORD COHEN PD 01/27/2009

Electronic Signature of Signing Officer or Director

Date