2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

DOCUMENT # P0700062682 1. Entity Name 5TH ELEMENT PRODUCTIONS, INC						√	2008 SEP 15 SEULLING TALLAHASSI				
Principal Place of Business Mailing Address						_}	[ALLAHASSI	EE. FLORIUA	1		
	ROYALE DRIVE N	NORTH		300 PORT ROYALE DRIVE NORTH							
	RDALE, FL 333		233 FORT LAUDERDALE, FL 33308								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 2202 S. Cypress Bewlr.				(
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06152008	Chg-P	CR2E034 (12	/06)		
Pompana beach, FL			Domparo beach, FL			4. FEI Numb	<i>®</i> 338.	327		olied For Applicable	
37069 Country () S.A.			Zip 253069	^y sA	5. Certificate of Status Desired S8.75 Additional Fee Required						
		Address of Current R	legistered Agent			7. Name and Address of New Registered Agent					
WAMBOLD, PATRICK							rick wantow				
3300 POR	,	RIVE NORTH			Street Address (P.O. Box Number is Not Acceptable)						
233 FORT LAUDERDALE, FL 33308					74	oi a	, ,				
City Don							beach	FL [Code	<u> 5064</u>	
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 9,01.2008											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWILL FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.						5.00 May Be ided to Fees		with s. 607.193(2 not receive the p			
10.		OFFICERS AND D		11.		ADDITIONS	/CHANGES TO OFF				
TITLE NAME	P WAMBOLD, I	PATRICK	□ Delete TITLE					□ Ch	•	☐ Addition	
STREET ADDRESS CITY - ST - ZIP	3300 PORT F			T ADDRESS ST-ZIP	500136159715 09/19/0801045010 **150.00						
TITLE	FORT LAUDERDALE, FL 33308				31-2#		, 00 010 1 3			☐ Addition	
NAME				NAME					-		
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
TITLE	-		☐ Delete	TITLE				☐ Ch	ange	☐ Addition	
NAME STREET ADDRESS				NAME STREE	T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE NAME			☐ Defete	TITLE NAME				Ch	ange	☐ Addition	
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				_	ST-ZIP					- Larra	
TITLE NAME			☐ Delete	TITLE NAME				□ ch	ange	☐ Addition	
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP		····			ST-ZIP				2000		
TITLE NAME			☐ Delete	TITLE NAME				☐ Ch	ange	Addition	
STREET ADDRESS	ļ				T ADDRESS						
CITY-ST-ZIP	certify that the in	formation supplied with	this filing does not qualify t		ST-ZIP	ed in Chanter 11	9 Florida Statutes	L further certify that	the in	formation	
12. I hereby certify 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 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.											

FILED