

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

03-31-2008 90039 028 ***150.00

DOCUMENT # P07000079069 1. Entity Name VIA PRODUCTIONS INC.					
Principal Place of Business 810 SATURN STREET SUITE 16-123 JUPITER FL 33477 US			Mailing Address 810 SATURN STREET SUITE 16-123 JUPITER FL 33477 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 45-0568790	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SOMMA, JERRY 810 SATURN ST. SUITE 16-123 JUPITER FL 33477				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Jerry Somma</i></u> <i>[Signature]</i> SIGNATURE, typed or printed name, of registered agent, or both, in the State of Florida. (NOTE: Registered agent must be a resident of the State of Florida.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SOMMA, JERRY 810 SATURN STREET, SUITE16-123 JUPITER FL 33477		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SOMMA, JERRY 810 SATURN STREET, SUITE16-123 JUPITER FL 33477		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT SOMMA, JERRY 810 SATURN STREET, SUITE16-123 JUPITER FL 33477		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SOMMA, JERRY 810 SATURN STREET, SUITE16-123 JUPITER FL 33477		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		☐ Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 either like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/18/08 561-727-0500 Date	

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1st MOORE CR2E034 (10/07)