

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099277

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: SIELIK PRODUCTIONS, INC.

## Current Principal Place of Business:

20401 NW 2 AVENUE  
SUITE 311  
MIAMI, FL 33017

## New Principal Place of Business:

99 NORTHWEST 2ND AVE  
SUITE 239 H  
MIAMI, FL 33169

## Current Mailing Address:

20401 NW 2 AVENUE  
SUITE 311  
MIAMI, FL 33017

## New Mailing Address:

P O BOX 170032  
MIAMI, FL 33017

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAVOURY, DELLA  
20401 NW 2 AVENUE  
SUITE 311  
MIAMI, FL 33017 US

## Name and Address of New Registered Agent:

ANDERSON, MIKLER  
19560 NW 33 AVE  
MIAMI, FL 33055 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: M ANDERSON

07/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAVOURY, MIKLER  
Address: POST OFFICE BOX 170032  
City-St-Zip: MIAMI, FL 33017

Title: V ( ) Delete  
Name: MORGAN, SIEDA  
Address: POST OFFICE BOX 170032  
City-St-Zip: MIAMI, FL 33017

Title: SCEO (X) Delete  
Name: SAVOURY, DELLA  
Address: POST OFFICE BOX 170032  
City-St-Zip: MIAMI, FL 33017

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANDERSON, MIKLER  
Address: POST OFFICE BOX 170032  
City-St-Zip: MIAMI, FL 33017

Title: SCEO (X) Change ( ) Addition  
Name: SAVOURY, DELLA  
Address: POST OFFICE BOX 170032  
City-St-Zip: MIAMI, FL 33017

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MANDERSON

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date