

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127755

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: GRIPYARD PRODUCTIONS, INC.

## Current Principal Place of Business:

411 IPSWICH STREET  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

411 IPSWICH STREET  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

411 IPSWICH STREET  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

411 IPSWICH STREET  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 26-1577848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: HUBBS, ANDREA  
Address: 411 IPSWICH STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DVPS ( ) Delete  
Name: BROWN, JOHN  
Address: 411 IPSWICH STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: HUBBS, ANDREA  
Address: 411 IPSWICH STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DVPS (X) Change ( ) Addition  
Name: BROWN, JOHN  
Address: 411 IPSWICH STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ANDREA HUBBS

DPT

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date