

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # P94000032672

1. Entity Name
MJD PRODUCTIONS, INC.



Principal Place of Business
**8362 PINES BLVD., STE. 307
PEMBROKE PINES, FL 33024**

Mailing Address
**8362 PINES BLVD., STE. 307
PEMBROKE PINES, FL 33024**



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0484246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DUFFY, MARK
8362 PINES BLVD. #307
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUFFY, MARK J
STREET ADDRESS	9030 N.W. 18TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	P
NAME	DUFFY, JOAN
STREET ADDRESS	9030 N.W. 18TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/07-80005-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Mark J. Duffy **MARK J. DUFFY**

3/23/07

954-850-9568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #