2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P94000079063

Entity Name: ORACLE PRODUCTIONS [1994], INC.

Current Principal Place of Business:

229 E LEMON ST
TARPON SPRINGS, FL 34689

New Principal Place of Business:

5424 PROVOST ST
HOLIDAY, FL 34690

Current Mailing Address:

229 E LEMON ST
TARPON SPRINGS, FL 34689

New Mailing Address:

5424 PROVOST ST
HOLIDAY, FL 34690

FEI Number: 59-3286006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SVOBODA, E. J.
229 E LEMON ST
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

SVOBODA, E. J.
5424 PROVOST ST
HOLIDAY, FL 34690 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: E J SVOBODA 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIES, G.W.
Address: 1164 DARTFORD DR.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VPD ( ) Delete
Name: GUINN, A.
Address: 1164 DARTFORD DR.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S (X) Delete
Name: SVOBODA, E.J.
Address: 229 E LEMON ST
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: SVOBODA, E.J.
Address: 5424 PROVOST ST
City-St-Zip: HOLIDAY, FL 34690

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: E J SVOBODA VPD 04/30/2008
Electronic Signature of Signing Officer or Director Date