2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083691

Entity Name: A SQUARED PRODUCTIONS, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6891 SUNSET DR. 5307 MAPLE

MIAMI, FL 33143 US HOUSTON, TX 77096 US

Current Mailing Address: New Mailing Address:

6891 SUNSET DR. 5307 MAPLE

MIAMI, FL 33143 US HOUSTON, TX 77096 US

FEI Number: 65-0543806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUBALCAVA, ARIEL H ARIEL R
6891 SUNSET DR.
5307 MAPLE

MIAMI, FL 33143 US HOUSTON, FL 77096 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: ARIEL H RUBALCAVA 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: RUBALCAVA, ARIEL H MR. RUBALCAVA, ARIEL H MR.

Address: 6891 SUNSET DR. Address: 5307 MAPLE

City-St-Zip: MIAMI, FL 33143 City-St-Zip: HOUSTON, TX 77096 US

Title: VP () Delete Title: VP (X) Change () Addition Name: RUBALCAVA, ERIC A Name: RUBALCAVA, ARIEL H MR.

Address: 6891 SUNSET DR. Address: 5307 MAPLE

City-St-Zip: MIAMI, FL 33143 City-St-Zip: HOUSTON, TX 77096 US

Name: RITA, HERNANDEZ M Name: RITA, HERNANDEZ M MRS.

Address: 6891 SUNSET DRIVE Address: 5307 MAPLE

City-St-Zip: MIAMI, FL 33143 City-St-Zip: HOUSTON, TX 77096 US

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: ARIEL RUBALCAVA P 04/27/2007