2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

M. BANNING

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P95000000660 1. Entity Name IT WORKS! PRODUCTIONS & MULTIMEDIA, INC. Mailing Address Principal Place of Business 7345 SANDLAKE ROAD 7512 OR. PHILIPS BLVD. UNIT #50-111 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0544952 Not Applicat Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **EVERETT BANNING** Street Address (P.O. Box Number is Not Acceptable) 10044 HIGHLAND WOODS COURT ORLANDO FL 32836 Zip Code City 5. 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. DATE Signature, typed or present name of registered agent and lifts if applicable (NOSE Registered Agen) amnature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Feas Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE DP HILE ☐ Change 🔲 Delete MAANE BANNING, EVERETT MATA 7512 DR. PHILIPS BLVD. UNIT #50-111 STREET ADORESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL UNY-S7-ZP Defeta Change 🔲 Addillon SSLE 31112 000000494976 NAME NAME 04/20/06-80067-016 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Change Addition me Defete THEF MAAH NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE MARTE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete THEF Change Addition NAME MAME STREET ADDRESS STREET ADDRESS 035Y - ST- ZIP City-St-AP 12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Section 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 path; 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

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