


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90027 010 ***158.75

DOCUMENT # P96000006622 1. Entity Name CHAKAM PRODUCTIONS COMPANY					
Principal Place of Business 411 WALNUT STREET 1832 GREEN COVE SPRINGS, FL 32043			Mailing Address 411 WALNUT STREET 1832 GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box # 2209 Collier Pkwy		3. Mailing Address 2209 Collier Pkwy			
Suite, Apt. #, etc. 157		Suite, Apt. #, etc. 157			
City & State Land O Lakes FL		City & State Land O Lakes FL		4. FEI Number 59-3355456	
Zip 34639		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, ADAM G 411 WALNUT STREET 1832 GREEN COVE SPRINGS, FL 32043			7. Name and Address of New Registered Agent Name Smith, Adam G. Street Address (P.O. Box Number is Not Acceptable) 2209 Collier Pkwy #157 City Land O Lakes FL Zip Code 34639		
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 <u>Adam D. Smith</u> DATE <u>April 6, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ADAM G 411 WALNUT STREET, #1832 GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adam G. Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2209 Collier Pkwy #157 Land O Lakes, FL 34639		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ODOM, LORA 411 WALNUT STREET, #1832 GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lora Odom <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2209 Collier Pkwy #157 Land O Lakes, FL 34639		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGOE-SMITH, RORY 411 WALNUT STREET, #1832 GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rory Helgoe-Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2209 Collier Pkwy #157 Land O Lakes FL 34639		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Adam D. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>April 6, 2008</u> <small>Date Daytime Phone #</small>		