

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90131 039 ***150.00

DOCUMENT # P96000038796

1. Entity Name

ASPEN PRODUCTIONS, INC.



Principal Place of Business

829 TANGLEWOOD CIRCLE
WESTON FL 33327

Mailing Address

PO BOX 450381
SUNRISE FL 33345

2. Principal Place of Business

P.O. Box 450381

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

33345

Country

USA

Zip

Country

4. FEI Number

65-0663546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRESNIHAN, WILLIAM T JR
829 TANGLEWOOD CIRCLE
WESTON FL 33327

7. Name and Address of New Registered Agent

Name
WILLIAM T. BRESNIHAN JR.

Street Address (P.O. Box Number is Not Acceptable)

2700 GLADES CIRCLE

SUITE #107

City

WESTON

FL

Zip Code

33327

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

William T. Bresnihan Jr.
Signature, typed or printed name of registered agent and date if applicable

WILLIAM T. BRESNIHAN JR.

4-28-05

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☒ Delete
NAME BRESNIHAN, WILLIAM T JR.
STREET ADDRESS 829 TANGLEWOOD CIRCLE
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Change ☐ Addition
NAME WILLIAM T. BRESNIHAN JR.
STREET ADDRESS 2700 GLADES CIRCLE SUITE #107
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William T. Bresnihan Jr.

WILLIAM T. BRESNIHAN JR.

4-28-05

561-379-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #