2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DOCUMENT # P96000075444 1. Entity Name RODOG PRODUCTIONS, INC.						·	05-05-200	90252 O	44 ***150).00	
3/90 Wmb/tdn Ut Sulin, Act it, etc. Sulin, Act	1010 NORTH STE 235	12TH AV E	1010 NORTH-12TH AVE- STE-235 - DENSACOLA FL 22501				4.00°				F3 16 (18	
Sylin 1. Syl	3400 V	Umbledon Dr.	3400 wimbledon Dr									
PENSALOIA FL	Svite 12		Svite 12						CR2E0:		alia di Fa	
Signature per per per per per per per per per p	Pensa	cola, FL	Pensacola						<u> </u>			
Name	32504	<u>UŚ</u>	32504				5. Certificate	of Status Desired				
SIDER ADDRESS TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 TILE NAME STRET ADDRESS TON-SIZEP PENSACOLA, FL 32501 TILE NAME STRET ADDRESS CITY-SIZEP TILE NAME NAME STRET ADDRESS CITY-SIZEP TILE NAME STRET	6. Name and Address of Current Registered Agent						_7 Name and	Address of New	Registered A	gent -		
8. The above named chity 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 Signature Signature, toped or printed agent and title if expictable MOTE Registered Agent suprature required when remaining DATE FILE NOW!!! FEE IS \$150.00	-1019 NORTH 12TH AVE SUITE 235											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligation of the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with accept the state of Flor	1											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the obligation of the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with accept the state of Flor	<u> </u>				City pe,	nsal.	Sacola FL Zip Gode					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Delete	SIGNATURE	Signature, typed or printed name of registered agent a E NOWIII FEE IS \$150.00	9. Election Campa	aign Finan	icing _	\$5.	00 May Be		DATE		 -	
TITLE MAME ORENSTEIN, ROSS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	After Ma	ay 1, 2008 Fee will be \$550.0	170st Fund Con	tribution.		Adde						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDR					—		ADDITIONS.	CHANGES TO O	FFICERS AND			
TITLE Delete	NAME STREET ADDRESS	ORENSTEIN, ROSS 1010 NORTH 12TH AVE SUITE 2		NAM! STRE	E Et address				Soy	Grange		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS		☐ Delete	NAM STRE	e et address					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS		☐ Delete	NAM Stre	E Et address					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS		☐ Delete	NAM STRE	E Et address			_		☐ Change	Addition	
NAME NAME	NAME STREET ADDRESS		☐ Delete	NAM STRE	E Et address					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclinated on this report or cumplemental report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	nortify that the information available with		NAM STRE CITY	E Et address - St-Zip	ontaines	(in Chantor 11	9 Florida Stante	e I further con		Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[850] 434 - 0500 Deytime Phone #