


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000078974	
1. Entity Name HAXAN FILMS, INC.	

Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA BLDG, 22A, STE 247 ORLANDO, FL 32819 US	Mailing Address P.O. BOX 530084 ORLANDO, FL 32853-0084 US
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02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3469833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITAGRE, WILLIAM L. 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A SUITE 247 ORLANDO, FL 32819
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000426730
02/20/06-80055-011 150.00

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, GREGG 1075 TERRACE BLVD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRICK, DAN 285 E COLORADO BLVD., #644 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANCHEZ, ED 3965 MT NEVIS PASS URBANA, MD 21704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONELLO, MIKE 1902 MERRITT PARK DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Wm. L. Whitacre R/A Axm. Rep. 2/14/06 407 963 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #