

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90062 013 ***150.00

DOCUMENT # P97000055040

1. Entity Name
TOMMY POOCH PRODUCTIONS, INC.



Principal Place of Business
ONE OCEAN DRIVE
MIAMI BEACH, FL 33139

Mailing Address
ONE OCEAN DRIVE
MIAMI BEACH, FL 33139

44005838



2. Principal Place of Business

247 EAST RIVO ALTO DRIVE
MIAMI BEACH
FL 33139

3. Mailing Address

247 EAST RIVO ALTO DRIVE
MIAMI BEACH
FL 33139

01112004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0785795

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUCCIO, THOMAS
ONE OCEAN DRIVE
MIAMI BEACH, FL 33139

247 E RIVO ALTO DR
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name T. THOMAS PUCCIO

Street Address (P.O. Box Number is Not Acceptable)
247 EAST RIVO ALTO DRIVE

City MIAMI BEACH FL Zip Code 33139

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

Thomas Puccio

(NOTE: Registered Agent signature required when reinstating)

1/26/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME PUCCIO, THOMAS
STREET ADDRESS ONE OCEAN DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE THOMAS PUCCIO ☒ Change ☐ Addition
NAME
STREET ADDRESS 247 EAST RIVO ALTO DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

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

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

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

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

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: *Thomas Puccio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/03 3658925152