

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90033 049 ***150.00

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1. Entity Name
WAYNE PRODUCTIONS, INC.



Principal Place of Business
**C/O HUFFMAN
350 ROYAL PALM WAY #409
PALM BEACH, FL 33480 US**

Mailing Address
**C/O HUFFMAN
350 ROYAL PALM WAY #409
PALM BEACH, FL 33480 US**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0785394

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUFFMAN, KENT ESQ.
350 ROYAL PALM WAY
SUITE 409
PALM BEACH, FL 33480**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRUBER, KARL W
C/O HUFFMAN 350 ROYAL PALM WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

KARL GRUBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07
Date

561-607-5626
Daytime Phone #