2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## FILED Feb 01, 2006 08:00 AM DOCUMENT # P97000086066 **Secretary of State** MARCH FILMS, INC. Principal Place of Business Mailing Address 3734 SW SPOONBILL TERR. 3734 SW SPOONBILL TERR. PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0793744 Not Applicable Zip Country $Z_{P}$ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCH, JACK Street Address (P.O. Box Number is Not Acceptable) 3734 SW SPOONBILL TERR. PALM CITY FL 34990 Zip Code 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 ministating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SIRE ☐ Detete DILE ☐ Change 1300000413306 MARCH, JACK P MAME 02/10/06-80083-009 150.00 STREET ADDRESS 3734 SW SPOONBILL TER STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MAME MANT STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7/P HILF Delete.... Change C Addin NAME NAME STREET ADDRESS STREET ADDRESS CHY- ST- 21P CITY-ST-ZIP TITLE ☐ Detete HTLE ☐ Change Addisc MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adding NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7(P 7172 E Detete HILE ☐ Change □ Adda NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-zip 12. I hereby certify that the information supplied with this hling does not qualify for the exemptions contained in Section 118, Florida Statutes 1 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 direction the corporation or the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1 through the repowered.