

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P98000038265

1. Entity Name
LAND OF ID PRODUCTIONS, INC.



Principal Place of Business
4228 BOCAIRE BLVD
BOCA RATON, FL 33487

Mailing Address
4228 BOCAIRE BLVD
BOCA RATON, FL 33487



03022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0832410
Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DANIELS, STEVEN L
2424 N. FEDERAL HWY
SUITE 462
BOCA RATON, FL 33431

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000855865
03/27/08-80069-005 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
FERRARA, JOSEPH
STREET ADDRESS
4228 BOCAIRE BLVD
CITY-ST-ZIP
BOCA RATON, FL 33487

TITLE
NAME
D
FERRARA, ARLENE
STREET ADDRESS
4228 BOCAIRE BLVD
CITY-ST-ZIP
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Arlene Ferrara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLENE FERRARA

3/7/08

Date

561 999 8841

Daytime Phone #