

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90375 049 ***150.00

DOCUMENT # P98000060267

1. Entity Name
ONE TAKE PRODUCTIONS, INC.



Principal Place of Business
**10619 W. ATLANTIC BLVD., #222
CORAL SPRINGS, FL 33071**

Mailing Address
**10619 W. ATLANTIC BLVD., #222
CORAL SPRINGS, FL 33071**

00004613



2. Principal Place of Business
1440 CORAL RIDGE DRIVE

3. Mailing Address
1440 CORAL RIDGE DRIVE

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
204

03272006 Chg-P CR2E034 (11/05)

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
65-0855635

Applied For
Not Applicable

Zip
33071

Country
USA

Zip
33071

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALIETTI, ARTHUR
10619 W. ATLANTIC BLVD., #222
CORAL SPRINGS, FL 33071**

NEW ADDRESS

Name

Street Address (P.O. Box Number is Not Acceptable)
**1440 CORAL RIDGE DRIVE
SUITE 204**

City
CORAL SPRINGS

FL

Zip Code
33071

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]

ARTHUR GALIETTI

3/28/06

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GALIETTI, ARTHUR
10619 W ATLANTIC BLVD, PMB 222
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1440 CORAL RIDGE DRIVE #204
CORAL SPRINGS, FL 33071** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

954-493-7889

Date

Daytime Phone #