

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97867

FILED
Apr 14, 2005
Secretary of State

Entity Name: LOCATION PRODUCTIONS, INC.

Current Principal Place of Business:

6870 SW 45 LANE
UNIT 223
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-1156
CORAL GABLES, FL 331141156

New Mailing Address:

FEI Number: 80-6564041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, TERRY J.
1521 S.W. LEJEUNE ROAD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABAB, CLAUDIA,
Address: 6870 SW 45 LANE #223
City-St-Zip: MIAMI, FL 33155

Title: ST () Delete
Name: HUNDSDOERFER, DETLEV,
Address: 6870 SW 45 LANE #223
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA ABAB

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date