

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20295

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: NORAM PRODUCTIONS, INC.

## Current Principal Place of Business:

217 N. WESTMONTE DRIVE  
SUITE 3024  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

## Current Mailing Address:

217 N. WESTMONTE DRIVE  
SUITE 3024  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

FEI Number: 59-3113253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRISPELL, JOSEPH R  
NORAM PRODUCTIONS, INC.  
217 N. WESTMONTE DR., #3024  
ALTAMONTE SPRINGS, FL 32714 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: VD ( ) Delete  
Name: CRISPELL, JOSEPH R  
Address: 1579 NORTHRIDGE LALE CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: CEOC ( ) Delete  
Name: BLANTON, TED L  
Address: 1093 PRESCOTT BLVD  
City-St-Zip: DELTONA, FL 32738

Title: VSTD ( ) Delete  
Name: BLANTON, DIANA  
Address: 1093 PRESCOTT BLVD  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: DIANA BLANTON

EVP

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date