

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90191 033 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V33828

1. Entity Name
TLF PRODUCTIONS, INC.



Principal Place of Business
8802 SO ORCHARD RD N.
DAVIE, FL 33328

Mailing Address
1115 REDWOOD ST
HOLLYWOOD, FL 33019

00001000



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0311776

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FULLER, TAMMI L
8829 SO. ORCHARD RD N.
DAVIE, FL 33328

**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 remaining)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO FULLER, TAMMI L 8829 SO. ORCHARD RD NO. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEADER, JERRY 1115 REDWOOD ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC. TREAS

Date

Daytime Phone #

2/7/07 305-606-5380