## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # F01000004083**

1. Entity Name

DEGRAW STREET PRODUCTIONS, INC.



Principal Place of Business

215 OCEAN SHORE BLVD ORMOND BEACH, FL 32176 Mailing Address

9220 SUNSET BLVD., SUITE 206 LOS ANGELES, CA 90069

## **FILED** Mar 05, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-3936774

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## 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					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	PCD				
NAME	VAN PATTEN, TIMOTHY				
STREET ADDRESS	9220 SUNSET BLVD., SUITE 206				
CITY-SI-ZIP	LOS ANGELES, CA 90069				
TITLE	VD		7		U00000654548
NAME	VAN PATTEN, WENDY R				U00000654548 03/13/07-80067-015 150.00
STREET ADDRESS	9220 SUNSET BLVD., SUITE 206				
CITY-\$1-ZIP	LOS ANGELES, CA 90069				
TITLE	SD		-		
NAME	KAUFMAN, IRVING				
STREET ADDRESS	9220 SUNSET BLVD., SUITE 206			DO	NOT WOITE
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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 accires, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP