



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 151696		2. Name of Corporation DOMEDIA PRODUCTIONS INC		
3. Street Address Principal Business Office 70 PELHAM ST.		City NEWPORT	State R.I.	Zip 02840
4. Business Phone No. 401-301-1591		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island DOCUMENTARY FILM-MAKING				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name KENNETH R. GUMBERT		Vice President Name DAVID K. O'ROURKE		
Street Address 549 RIVER AVE		Street Address 301 WEST RICHMOND AVE		
City PROVIDENCE	State R.I.	Zip 02918	City POINT RICHMOND	State CA
Secretary Name KENNETH R. GUMBERT	Treasurer Name DAVID K. O'ROURKE			
Street Address 549 RIVER AVE		Street Address 301 WEST RICHMOND AVE		
City PROVIDENCE	State RI	Zip 02918	City POINT RICHMOND	State CA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name KENNETH R. GUMBERT		Director Name DAVID K. O'ROURKE		
Street Address 549 RIVER AVE		Street Address 301 WEST RICHMOND AVE		
City PROVIDENCE	State R.I.	Zip 02918	City POINT RICHMOND	State CA
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100	A0.01 PARVALUE	100 NONE	100 NONE	A0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date: FEB 1 2008

Check No. 1025

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/26/08  
Date

DAVID K. O'ROURKE  
Print or Type Name

V.P. / TREASURER  
Title