

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

2009

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(e,Ed)) is subject to a towards for of \$35.00

157201	DAVE PROD	2. Name of Corporation DAVE PRODUCTIONS				
3. Street Address Principal Business Office 10201 W PICO BLVD.			LOS ANGELES	CA State	<sup>Zip</sup> 90035	
4. Business Phone No. 5. State of Incorpora RHODE ISLA						
MOTION PICTURE P	•					
	ESSES OF THE OFFICE	RS: ("X" BOX FOR A	TTACHMENT) TILL IN SP	ACES BEFORE USING A	TTACHMENTS	
President Name ROBERT COHEN			Andrew Katz			
Street Address 10201 W PICO BLVD.,			Street Address 10201 W PICO BLVD.			
LOS ANGELES	State CA	<i>гір</i> <b>9003</b> 5	LOS ANGELES	State CA	Ziii)   <b>90035</b>	
Secretary Name MICHAEL DOODAN			Treasurer Name DAVID E, MILLER			
Street Address 10201 W PICO BLVD.			Street Address 10201 W PICO BLVD.			
LOS ANGELES	State CA	90035	LOS ANGELES	State CA	<sup>Zip</sup> 90035	
	ESSES OF THE DIRECT	ORS: ("X" BOX FOR	ATTACHMENT) TILL IN : Director Name	SPACES BEFORE USING	ATTACHMENTS	
NONE			NONE			
reet Address		Street Address				
City	State	Zip	City	State	Zip	
Director Name NONE			Director Name NONE			
treet Address		Street Address				
City	State	Zip	City	State	Zip	
=	ZED ("X" BOX FOR AT	TACHMENT)		I ("X" BOX FOR ATTACH TION <u>MUST</u> BE COMPLETED	MENT)	
AUTHORIZED SHARES  Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000	COMMON	\$0.01	1,060	Common	NONE	
This report must be ex	ecuted on behalf of the	corporation by an auth	norized representative. If the co	orporation is in the hands	of a receiver or trustee	
this report must be exe	ecuted on behalf of the c	orporation by the rece	iver or trustee.			
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			Under penalty of pe	erjury, I declare and affirm th	nat I have examined this re	
			including any accor	mpanying schedules and stat		
FIL	.ED		contained herein ar	e true and correct.		
File Date			Signatura		Date	
Check No. FEB <b>2 3</b> 2009						
By 80539/			HNOREW KATZ Print or Type Name			
By			VICE PRESIDENT			
FOR SECRETARY OF STATE USE ONLY			Title			