FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:10

DOCUMENT # 480470 (4)

1. Corporation Name
LYNYRD SKYNYRD PRODUCTIONS, INC.

Principal Place of Business
% HABER CORPORATION
16830 VENTURA BLVD., #501
ENCINO CA 91436

Mailing Address
% HABER CORPORATION
16830 VENTURA BLVD., #501
ENCINO CA 91436

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1975
3a. Date of Last Report: 08/09/1994
4. FEI Number: 13-2856309 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

LESTER, DON
~~% MAHONEY, ADAMS & CRISER~~
~~50 N. LAURA ST./3300 BARNETT CENTER~~
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 215 East Ashley Street
83
84 City Jacksonville FL 85 Zip Code 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 3/28/95
Signature, typed or printed name of registered agent and title if applicable — Reg Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSINGTON, GARY
STREET ADDRESS	16830 VENTURA BLVD., #501
CITY-ST-ZIP	ENCINO CA 91436
TITLE	S
NAME	HABER, GARY
STREET ADDRESS	16830 VENTURA BLVD., #501
CITY-ST-ZIP	ENCINO CA 91436
TITLE	TD
NAME	POWELL, BILLY
STREET ADDRESS	16830 VENTURA BLVD., #501
CITY-ST-ZIP	ENCINO CA
TITLE	D
NAME	WILKESON, LEON
STREET ADDRESS	16830 VENTURA BLVD #501
CITY-ST-ZIP	ENCINO CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/23/95 818-783-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482964 FP