FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **07/11/1975**

3a. Date of Last Report: **04/03/1995**

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

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

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

9. Name and Address of Current Registered Agent

LESTER, DON
218 EAST ASHLEY STREET
~~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)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 (For New Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ROSSINGTON, GARY		12 NAME	
STREET ADDRESS	16830 VENTURA BLVD., #501		13 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA 91436		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HABER, GARY		22 NAME	
STREET ADDRESS	16830 VENTURA BLVD., #501		23 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA 91436		24 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	POWELL, BILLY		32 NAME	
STREET ADDRESS	16830 VENTURA BLVD., #501		33 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WILKESON, LEON		42 NAME	
STREET ADDRESS	16830 VENTURA BLVD #501		43 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), 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 added above.

SIGNATURE: Gary Haber, Secy 2/8/96 818-783-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #