FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 480470

(4)

LYNYRD SKYNYRD PRODUCTIONS, INC.

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



Suite, Apt. #, etc. 22 City & State City & State Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	% HABER CO 16830 VENTUI ENCINO CA 9	RPORATION RA BLVD.: #501	% HABER CORPORATION 16830 VENTURA BLVD #501 ENCINO CA 91436			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1975					
SAIGH Presented S. Certificate of Status Desired S. Certificate of Status Desired S. S. Certificate of Status Desired September	Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
City & State	21		26	26			13-2856309			Not Applicable	
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & Country City & C	<u> </u>	#, etc.					5. Certificate of Status Desired				
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Zip	<u>'</u>	8	⊢								
LESTER, DON 218 EAST ASHLEY STREET 50 N. LAURA ST./3300 BARNETT CENTER 22 38 38 38 38 38 38 38					Country 8. This corporation owes or has paid the current year Intangible						
LESTER, DON 218 EAST ASHLEY STREET 50 N. LAURA ST,/3300 BARNETT CENTER 38 38	24	25 29 30									
218 EAST ASHLEY STREET 5 N. LAURA ST./3300 BARNETT CENTER JACKSONVILLE FL 32202 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the depointment as registered office or registered agent, or both, in the State of Florida, Such charge was subholized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD		Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered A	gent				
SOUNT LAURA ST./3300 BARNETT CENTER JACKSONVILLE FL 32202 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes, froid as Statutes, agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, froid as Statutes. SIGNATURE 979-Wave, hope to prived name of registered agent and the ill explication. NOTE Registered Agent upware required when releasing to the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE 12. NOTE Registered Agent upware required when releasing to the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida Statutes. The purpose of Change agent, and the interpretation of the purpose of Change agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes. The purpose of Change agent a				81	1	lame				-	
JACKSONVILLE FL 32202 88 84 City FL 85 Zip Code 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 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 office or registered agent, and accept the obligations of, Section 607,0502, Florida Statutes. SIGNATURE SIGNATURE 12.	l		INTED	82 Street Add			ss (P.O. Box Number is Not Acceptable)				
### City ### Zip Code 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 agent, or both, in the State of Plorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Plorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Plorida Statutes. ### STEAT AND AGENT AND AGENT AND AGENT AGENT AND AGENT AGENT AND AGENT AGEN			ha i Cu	83	1						
All 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, 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, 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, or both and accept the obligations of, Section 607.050C, Florida Statutes. SIGNATURE DELETE				84	_	litu			 05 7i	n Code	
SIGNATURE Symbolium, 1, toand or privided names of registered agent and time if apprificable. NOTE Registered Agent signature required when ministricy) DATE					ì	-				·	
SIGNATURE Symbolium, 1, toand or privided names of registered agent and time if apprificable. NOTE Registered Agent signature required when ministricy) DATE	11. Pursuant I office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	amed corpor e corporatios	ration submits this statement for the purp- n's board of directors. I hereby accept th	ose of o e appo	hanging intment	g its registered as registered				
12	agent. I ai	m familiar with, and accept the obligation	ions of, Section 607.0505, Fl	orida Statute	\$.	•	,	, ,			
12.	SIGNATURE .			<u></u>							
TITLE					ent si	ignature required			JIDEOT.	000 11140	
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TITLE	STREET ADDRESS	16830 VENTURA BLVD., #501		2,3 STREET	T ADD	ORESS				ļ	
NAME POWELL, BILLY 16830 VENTURA BLVD., #501 33 STREET ADDRESS ENCINO CA 34. CITY-ST-ZIP ENCINO CA 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS ENCINO CA 4.4 CITY-ST-ZIP ENCINO CA 4.4 CITY-ST-ZIP ENCINO CA 4.4 CITY-ST-ZIP ENCINO CA 5.1 TITLE Change Addition Addition AMME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ENCINO CA 5.4 CITY-ST-ZIP ENCINC CA 5.4	CITY - ST - ZIP	ENCINO CA 91436		2. 4 CITY-	ST-Z	IP P					
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14. I hereby certify that the information supplied with this filing 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 supplied entail annual report is to be an 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 of the receiver or trustee employeed 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 an an attachment with an address.

SIGNATURE.

1225/1

SURGARY HAber 1/2/18

818-783-9200