FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # F9300000410 (1)

1. Corporation Name

FILED Apr 10 1996 8:00 am Secretary of State

718-876-1776

TAGLIANETTI PICTURES, INC.							
Principal Place of Business 1662 EAST 24TH STREET BROOKLYN NY 11229		Mailing Address GEORGE TAGLIANETTI/TAGLIANETTI PICTURES P.O. BOX 320-153 BROOKLYN NY 11232-0153					
		US			3. Date Incorporated or Qualified 01/15/1993	3a. Date o	Last Report /07/1995
2. Principal Pla 21	nce of Business	2a. Mailing Address 26		4. FET Number 11-2294958		Applied Fc Not Applica	
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		Orty & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30		8. This corporation has liability for Fiorida Statutes Yes	intangible tax No	under's 199.032,
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New F	legistered Ag	ent
MORAN	ITE, TOM						
1 BISC	AYNE TOWERS		82 Street Add		ss (P.O. Box Number is Not Acceptab	ole)	
	SCAYNE BLVCD., #3750						
MIAM) F	FL 33131		84	City			85 Zip Code
11 Duran val t	a the provisions of Sections 607 6505	one 607 1500 Florida Statut	no the observe se	and assess	tion submits this statement for the pur	FL	
or registere	o the provisions of Sections bor .0302 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz	red by the corpor	ation's board	flor strothits this statement for the par Lof directors. Thereby accept the app	rpose or charg ointment as re	gistered agent. I am
SIGNATURE	n, and accept the obligations of, acc	don 607.0003, Florida Statutes	·.				
	Signature, typed or printed name of registered ager.		OTE: Plugsderen Agendis	aginature recorred		[1ATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	TAGLIANETTI, GEORGE	☐ DELETE	1.1 111116		☐ Change ☐ Addition		
NAME CARSEA ADSOLUCE	1662 E. 24TH STREET		1.2 NAME 1.3 STREET A				
STREET ADDRESS	BROOKLYN NY 11229	a l'		ł			
CITY-ST-ZIP TITLE	PVP	DELETE	1.4 CHY - ST - 2. 1 TITLE	70'	Change Addition		
NAME	TAGLIANETTI, GEORGE		2.2 NAME		Unango H Markon		
STREET ADDRESS	1662 E. 24TH STREET			DORESS			
Crity-St-7iP	BROOKLYN NY 11229		24 City St	1			
TITLE	ST	DELETE 3		211	Change Addition		
NAME	Taglianetti, George	LIANETTI, GEORGE					
STREET ADDRESS	1662 E. 24TH STREET		3.3 STREET A	DORESS			
CITY - ST - ZIP	BROOKLYN NY 11229		3.4 DITY - \$1 -	7IP			
TOLE	☐ DELETE		4 1 TITLE	·····	Change Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET A	DORESS			,
CITY-ST-ZIP			4 4 0HY - SI -	ZIF			
TITLE		DELETE	5 11111.5				Change
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET A	DORESS			
CITY - ST - ZIP			5 4 CITY - ST -	ZIP			
TITLE		☐ DEFEJE	6 1 THEE	1			Change
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DORESS			
CITY-ST-ZIP			€ 4 CITY - ST -	21P			

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 13 if changed, or on an attachment with an address.