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

APPROVED AND FILED
95 APR 27 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003746 (5)**

1. Corporation Name
FADED DENIM PRODUCTIONS LTD., INC.

Principal Place of Business	Mailing Address
2400 WEST ALAMEDA AVENUE BURBANK CA 91521	2400 WEST ALAMEDA AVENUE BURBANK CA 91521

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/17/1993**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **95-4420786** ☐ 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	10. Name and Address of New Registered Agent
IOPPOLO, FRANK S 1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BARRON, HEIDI	12 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, HAYMA	22 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	23 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	REED, MARSHA L	32 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	33 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HUGHES, DAVID A	42 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	43 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LITVACK, SANFORD M	52 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	53 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91521	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, DAVID K	62 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	63 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	64 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)(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 on an attachment with an address.

SIGNATURE: _____ 4/19/95 (818) 560-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marsha L. Reed

0481843 FN