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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N98000006977

1. Corporation Name

SEAFARER PICTURES-FROGSEABEGGARS COMICS FLIM-OCE
AN STREAM PRODUCTIONS OF SEAS R. & SEAS, ABCDEFG

Principal Place of Business

WALT DISNEY RESORT COMMUNITY, CELEBRATION
720 CELEBRATION AVE., SUITE 170
CELEBRATION CITY FL 34747

Mailing Address

WALT DISNEY RESORT COMMUNITY, CELEBRATION
720 CELEBRATION AVE., SUITE 170
CELEBRATION CITY FL 34747



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

12/09/1998

4. FEI Number

NOT-APPLICABLE

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

9. Name and Address of Current Registered Agent

NATIONAL EXPEDITIONARY MARITIME, HISTORIC
HAVEN FOR ANCIENT PRESERVATION COMPANY
720 CELEBRATION AVE., SUITE 170
CELEBRATION CITY FL 34747

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME MARIA AKIBA-YOSHIMURA
STREET ADDRESS 720 Celebration Ave. Suite 170
CITY-ST-ZIP Celebration City, Florida 34747
TITLE DELETE
NAME EXPLORER LORD "EL COQUI"
STREET ADDRESS 720 Celebration Ave. Suite 170
CITY-ST-ZIP Celebration City, Florida 34747
TITLE DELETE
NAME MARIA MARTINEZ-PEREIRA III
STREET ADDRESS 720 Celebration Ave. Suite 170
CITY-ST-ZIP Celebration City, Florida 34747
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/26/99 907 566-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)