

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 # **P95000019681 (2)**

1. Corporation Name
GRIDLOCK PRODUCTIONS, INC.



Principal Place of Business: ~~300 BARK HES XOKAS BLDG SUITE 1900 FT LAUDERDALE FL 33301~~
Mailing Address: ~~200 EAST LAS OLAS BLVD SUITE 1900 FT LAUDERDALE FL 33301~~

2. Principal Place of Business: 21 **329 JACARANDA DRIVE**
22 **PLANTATION, FLORIDA**
23 **33324**
24 **U.S.A.**
25 **U.S.A.**
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27 **PLANTATION, FLORIDA**
28 **33324**
29 **U.S.A.**
30 **U.S.A.**

3. Date Incorporated or Qualified: **03/10/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **65-0587186**
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
SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name: **JONATHAN S. ROBBINS**
82 Street Address (P.O. Box Number is Not Acceptable): **C/O 200 E. LAS OLAS BLVD.,**
83 **SUITE 1900**
84 City: **FORT LAUDERDALE** FL 85 Zip Code: **33301**

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: *X Jonathan Robbins* 1-26-96
DATE: 1-26-96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	NORMAN ROBBINS	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	IRIS ROBBINS	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION, FLORIDA 33324	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	MICHAEL ROBBINS	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION, FLORIDA 33324	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JONATHAN S. ROBBINS	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION, FLORIDA 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonathan Robbins* 1-26-96 [954-746-7807]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)