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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DERARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90033 018 ***150.00

DOCUMENT # 593348733P97 1. Corporation Name Free Ju Production Studio, a	2000747 Inc.	200	
Principal Place of Business Mailing Address		İ	
43. E Broad Street		DO NOT WRITE IN THIS :	SPACE
Titusville, Fl 32796		3. Date incorporated or Qualified Sept. 1, 1997	
2. Principal Place of Business 2a. Mailing Address	· ch	4. FEI Number	Applied For
21 43. E Broad St 26 43 E. Broad	ed St	59-3348733	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State City & State Za Titus ville Za Titus ville	: F/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country Bluard		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name			
Freido Htwood			
43 E. Broad Street	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
45 C. Brown 7000	83		
Titusville, Fl 32 796	63		
,	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.15%, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 607.05%, Florida Statutes.			
agent. 1 am familiar with, and accept the obligations of Section 607.0506, Florid	da Statutes.	on a sound or directors. Thereby adoubt the appoint	Co C
SIGNATURE SIGNATURE			1999
	Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIPECTOPS IN 12
	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME THASELLE, (E)	1.2 NAME		G shang.
	1.3 STREET ADDRESS		
STREET ADDRESS 43 E. T. + us ville F/ 32796	1.4 CITY-ST-ZIP		
TIME COCAL FORM (EO, DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME INCHIBER PARMODU	2.2 NAME		
STREET ADDRESS 519 COLKING DIO	2.3 STREET ADDRESS		
CITY-ST-ZIP JULITER POVE FISA 191	2. 4 CITY-ST-ZIP		
TITLE DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ()	32 NAME		}
STREET ADDRESS COLOR TO THE TOTAL TO	3.3 STREET ADDRESS	<u> </u>	
CITY-ST-ZIP 75 E. Titusville F1 32176	3 4. CITY-ST-ZIP		
TITLE DELETE	41 TITLE		☐ Change ☐ Addition
NAME	4 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		

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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address, with all other like empowered.

4 4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5 3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Htwood 4.

4-27-1999

268-130

☐ Addition

Addition

Daytime Phone #

☐ Change

Change