SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90011 015 ***558.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

592909 - 90011 - 15

DOCUMENT # P98000100008

1. Corporation Name
PRODUCTION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9500 SATELLITE BOULEVARD SUITE 230 ORLANDO FL 32837	9500 SATELLITE BOULEVARD SUITE 230 ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1998

2. Principal Place of Business	2a. Mailing Address
21 9561 Satellite blvd	26 9561 Satellite blvd
Suite, Apt. #, etc.: 22 #300	Suite, Apt. #, etc.: 27 300
City & State: 23 Orlando, Fl	City & State: 28 Orlando Fl
Zip: 24 32837 Country: 25	Zip: 29 32837 Country: 30

4. FEI Number: 593122955 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAGEL, ALLEN 9500 SATELLITE BOULEVARD SUITE 230 ORLANDO FL 32837	81 Name: Kagel, Bradford Allen 82 Street Address (P.O. Box Number is Not Acceptable): 9561 Satellite blvd 83: #300 84 City: Orlando FL 85 Zip Code: 32837

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: V.P. (Bradford A. Kagel V.P.) DATE: 7/8/99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRITY, DONALD J		1.2 NAME	
STREET ADDRESS	901 THECHNOLOGY WAY, SUITE 100		1.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTYVILLE IL 60048		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAGEL, BRADFORD ALLEN		2.2 NAME	
STREET ADDRESS	9500 SATELLITE BOULEVARD, SUITE 230		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V.P. (Bradford Kagel) 7/8/99 407-857-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)