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 # **S69908** **(9)**

1. Corporation Name

BAY LIGHT TELEPRODUCTIONS, INC.

Principal Place of Business	Mailing Address
3349 OVERLAND DRIVE HOLIDAY FL 34691 US	PO BOX 236 WINTER PARK FL 32790

3. Date Incorporated or Qualified: **07/26/1991**

3a. Date of Last Report: **07/07/1995**

4. FEI Number: **59-3087069** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3349 OVERLAND DR	26 322 MAIN STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLIDAY FLA.	City & State 28 MADISON N.J.
Zip 24 34691 Country 25 USA	Zip 29 07940 Country 30 USA

9. Name and Address of Current Registered Agent

SCURTI, JAMES
1458 ALOMA AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: JAMES SCURTI

82 Street Address (P.O. Box Number is Not Acceptable)

83: 3349 OVERLAND DR

84 City: HOLIDAY FL 85 Zip Code: 34691

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 date of application NOTE: Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS		
TITLE	DT	☐ DELETE
NAME	SCURTI, JAMES	
STREET ADDRESS	~~1458 ALOMA AVE~~ 3349 OVERLAND DR	
CITY-ST-ZIP	~~WINTER PARK FL~~ HOLIDAY FLA.	
TITLE	P	☐ DELETE
NAME	SCURTI, JANIE	
STREET ADDRESS	~~1458 ALOMA AVE~~ SAME	
CITY-ST-ZIP	~~WINTER PARK FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 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: James Scurti 4/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)