FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

VH# 9402

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **499682** (3)

1. Corporation Name
FOSTER PRODUCTIONS, INC.

Principal Place of Business
~~12013 SOUTHWEST 114 PLACE~~
~~MIAMI FL 33176~~
~~US~~

Mailing Address
~~12013 SOUTHWEST 114 PLACE~~
~~MIAMI FL 33176~~
~~US~~

3. Date Incorporated or Qualified: 03/24/1976
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 20414 BISCAYNE BLVD.
Suite, Apt. #, etc.
22
City & State
23 N. MIAMI BEACH, FL.
Zip 24 33180 Country 25 DADE

2a. Mailing Address
26 20414 BISCAYNE BLVD.
Suite, Apt. #, etc.
27
City & State
28 N. MIAMI BEACH, FL.
Zip 29 33180 Country 30 DADE

4. FEI Number: 59-1677060 — 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

9. Name and Address of Current Registered Agent
~~FOSTER, RAY B.~~
~~1000 S. OCEAN BLV APT #18 B~~
~~POMPANO BCH FL 33062~~

10. Name and Address of New Registered Agent
81 Name: BRENDA FOSTER
82 Street Address (P.O. Box Number is Not Acceptable): 20414 BISCAYNE BLVD.
83
84 City: N. MIAMI BEACH FL 85 Zip Code: 33180

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 Brenda Foster — Jan 23/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature is required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	FOSTER, BRENDA	
STREET ADDRESS	9264 SW 136 ST CIRCLE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☒ DELETE
NAME	FOSTER, RAY III	
STREET ADDRESS	1000 SE 13ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TS	☒ DELETE
NAME	FOSTER, RAY	
STREET ADDRESS	1000 S. OCEAN DR.,APT18B	
CITY-ST-ZIP	POMPANO BEACH 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	FOSTER, BRENDA	
1.3 STREET ADDRESS	20414 BISCAYNE BLVD.	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33180	
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: X Brenda Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 23, 1996
Date

(954) 929-4445
Daytime Phone #

CR2E034 (12/95)