


FILED

Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90067 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # 542525

1. Corporation Name

AD PRODUCTIONS, INC.

Principal Place of Business

1395 CORAL WAY  
MIAMI FL 33145  
US

Mailing Address

1395 CORAL WAY  
MIAMI FL 33145  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1977

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City &amp; State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City &amp; State

28. Zip Country

29. Zip Country

4. FEI Number

59-1757879

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SCHLEIFER, NANCY  
1395 CORAL WAY  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SCHLEIFER, MARTIN  
1395 CORAL WAY  
MIAMI FL 331451.2 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ROSEN, PAUL  
1395 CORAL WAY  
MIAMI FL 331451.3 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SCHLEIFER, NANCY  
1395 CORAL WAY  
MIAMI FL 331451.4 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.5 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.6 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.7 TITLE ☐ DELETENAME  
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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)