**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

FILED
96 SEP -6 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # 715127

1. Corporation Name
INTERNATIONAL ALLIANCE of THEATRICAL STAGE EMPLOYEES AND MOVING PICTURE MACHINE OPERATORS HOLDING Company, Inc. Amended

| Principal Place of Business | Mailing Address |
|---|---|
| 15 S.W. 7 STREET<br>FT. LAUDERDALE, FL 33301 | 15 S.W. 7 STREET<br>FT. LAUDERDALE, FL 33301 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt #, etc.<br>22 | Suite, Apt #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>8/19/1968 | 3a. Date of Last Report<br>3/31/95 |
| 4. FEI Number<br>59-1002438 | ☐ Applied For<br>☐ 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**

JOHN, JONAS
15 S.W. 7 th. STREET
FT. LAUDERDALE, FL 33301

**10. Name and Address of New Registered Agent**

61 Name: RICHARD STEFFENS
62 Street Address (P.O. Box Number is Not Acceptable): 15 SW 7 STREET
63
64 City: FT LAUDERDALE FL 65 Zip Code: 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.

SIGNATURE: Richard Steffens RICHARD STEFFENS DATE
(Signature, typed or printed name of registered agent and, if applicable, the office held) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.D<br>LAWRENCE, FRALEY<br>15 S.W 7 ST<br>Ft LAUDERDALE FL 33301 | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PD<br>LLOYD, GOLDSHOLLE<br>15 SW 7 ST<br>Ft Lauderdale, FL 33301 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CHRIS, RYAN<br>15 S.W 7 ST<br>Ft LAUDERDALE FL 33301 | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | VPD<br>BARRY, BRADFORD<br>15 SW 7 ST<br>Ft LAUDERDALE FL 33301 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BAD<br>JOHN, JONAS<br>15 SW 7 ST<br>FT LAUDERDALE FL 33301 | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | BAD<br>RICHARD STEFFENS<br>15 SW 7 ST<br>Ft LAUDERDALE FL 33301 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>JOHN, HUBBARD<br>15 SW 7 ST<br>FT LAUDERDALE, FL 33301 | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | T00001956967<br>-09/25/96--01092--014<br>*****61.25 *****61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RSD<br>LOU, FALZARANO<br>15 SW 7 ST<br>Ft LAUDERDALE, FL 33301 | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | RSD<br>LAURA-MAZZOLA-DELEHANTY<br>15 SW 7 ST<br>Ft LAUDERDALE FL 33301 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANTHONY BERTOLAMI<br>15 SW 7 ST<br>FT LAUDERDALE, FL 33301 | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

JB 9-18-96

CR2E037 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** John Hubbard 9/10/96 954-463-6175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #