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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90011 036 \*\*\*\*61.25

0050258

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 743023**

1. Corporation Name

**ATLANTIC PRODUCTIONS, INC.**

115903 - 90011 - 36

Principal Place of Business

1508 PARK CIRCLE  
TAMPA FL 33610

Mailing Address

1508 PARK CIRCLE  
TAMPA FL 33610



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/25/1978

4. FEI Number

59-1836345

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

9. Name and Address of Current Registered Agent

LYMAN, CHARLES, PROF.  
UNIVERSITY OF SOUTH FLORIDA  
ART DEPARTMENT  
TAMPA FL 33620

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD ☐ DELETE

NAME LYMAN, CHARLES  
STREET ADDRESS UNIV. OF S FLORIDA  
CITY-ST-ZIP TAMPA FL

TITLE V ☒ DELETE

NAME GILBERT, ROBERT  
STREET ADDRESS 125 E SUANNE LN  
CITY-ST-ZIP COCO BEACH FL

TITLE TD ☐ DELETE

NAME MELARAGNO, PETER  
STREET ADDRESS VIA GIOVANNI, BETTELO, 17 APT 15 00195  
CITY-ST-ZIP ROMA IT

TITLE S ☐ DELETE

NAME WHITE, PHILLIP  
STREET ADDRESS 14506 NO 19 STR #2148  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME PRICE, ALAN  
STREET ADDRESS UNIVERSITY OF BALTIMORE  
CITY-ST-ZIP CATONSVILLE MD

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 1999

Date

813-238-0402

Daytime Phone #

CR2E037 (1/98)