FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **814456** **(0)**

1. Corporation Name

JACK MORTON PRODUCTIONS INC.

Principal Place of Business	Mailing Address
15400 CALHOUN DRIVE ROCKVILLE FL 20855	15400 CALHOUN DRIVE ROCKVILLE FL 20855

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1960
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 18239-D Flower Hill Way
22 Suite, Apt. #, etc.
23 City & State: Gaithersburg, MD
24 Zip: 20879
25 County: Montgomery

2a. Mailing Address
26 18239-D Flower Hill Way
27 Suite, Apt. #, etc.
28 City & State: Gaithersburg, MD
29 Zip: 20879
30 County: Montgomery

4. FEI Number: 53-0257863 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE		☐ Change ☐ Addition
NAME	MORTON, WILLIAM	12 NAME		
STREET ADDRESS	641 6TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	SVPC	21 TITLE		☒ Change ☐ Addition
NAME	ROLFE ROBERT B	22 NAME	Wolfe, Robert B.	
STREET ADDRESS	15400 CALHOUN DRIVE	23 STREET ADDRESS	18239-D Flower Hill Way	
CITY-ST-ZIP	ROCKVILLE MD	24 CITY-ST-ZIP	Gaithersburg, MD 20879	
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	LITTLE-MANESS, LANITA	32 NAME		
STREET ADDRESS	15400 CALHOUN DRIVE	33 STREET ADDRESS	18239-D Flower Hill Way	
CITY-ST-ZIP	ROCKVILLE MD	34 CITY-ST-ZIP	Gaithersburg, MD 20879	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	TOWE, ROLF	42 NAME		
STREET ADDRESS	641 6TH AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MCDOWELL, E. WALLACE	52 NAME		
STREET ADDRESS	641 6TH AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JOYS, DAVID	62 NAME		
STREET ADDRESS	641 6TH AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 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 the 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: Beth Peters TREASURER 4/28/95 301/869-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0401000 FN

8145E

Attachment

12. **OFFICERS AND DIRECTORS**

1. Title	Treasurer
2. Name	Beth Peters
3. Address	18239-D Flower Hill Way
4. City, State, Zip	Gaithersburg, MD 20879