

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR -8 PM 3:02

DOCUMENT # 815690 (3)

1. Corporation Name  
**TOMMY DORSEY PRODUCTIONS, INC.**

Principal Place of Business Mailing Address  
**1025 KANE CONCOURSE SUITE 216 BAY HARBOR ISLANDS FL 33154 US** **% FORD AND ASSOCIATES 1005 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154-2178 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/18/1961</b>	3a. Date of Last Report <b>01/28/1994</b>
4. FEI Number <b>59-0917918</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
**DORSEY, JANE NEW  
1005 KANE CONCOURSE  
BAY HARBOR ISLAND FL 33154-2178**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 officer 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: \_\_\_\_\_ (NAME) \_\_\_\_\_ (TITLE) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DORSEY, JANE NEW
STREET ADDRESS	1005 KANE CONCOURSE
CITY - ST - ZIP	BAY HARBOR ISLAND FL
TITLE	VD
NAME	DORSEY, STEVE P.
STREET ADDRESS	1005 KANE CONCOURSE
CITY - ST - ZIP	BAY HARBOR ISLAND FL
TITLE	SD
NAME	<del>STEIN, ALAN J</del>
STREET ADDRESS	<del>1005 KANE CONCOURSE</del>
CITY - ST - ZIP	<del>BAY HARBOR ISLAND FL</del>
TITLE	TD
NAME	CODD, TRENT
STREET ADDRESS	1005 KANE CONCOURSE
CITY - ST - ZIP	BAY HARBOR ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33154-2178
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33154-2178
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REMOVE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33154-2178
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Jane New Dorsey*  
NAME AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

FEB 28 1995 (305) 868-1333