

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000001960**

1. Corporation Name

**SHARK PRODUCTIONS, INC.**

Principal Place of Business

DISNEY MGM STUDIOS  
648 STATE LANE, BUNGALOW #2  
LAKE BUENA VISTA FL 32830

Mailing Address

4000 WARNER BLVD., BLDG. 76  
BURBANK CA 91522

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2001

5. FEI Number

52-2297202

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTCD	ROBINSON, JAMES G	10 EAST LEE STREET, SUITE 2705	BALTIMORE MD 21202
S	WEST, JANET M	10 EAST LEE STREET, SUITE 2705	BALTIMORE MD 21202

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**Brian Courtney**  
Asst. V. Pres

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-1-02**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



November 11, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Shark Productions, Inc.

To Whom It May Concern:

I am writing on behalf of Shark Productions, Inc. to file the Application for Reinstatement.

We did not receive the two prior uniform business report notices referenced in the instructions and therefore are enclosing \$150 which covers the Annual Report Fee (\$61.25) and the Corporate Supplemental Fee (\$88.75) as indicated in the Application for Reinstatement Instructions.

If there are any additional items needed to receive this letter, please notify me at (818) 954-7208. Please process this application as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Kaplan".

Howard Kaplan  
Chief Financial Officer

Enclosures

Morgan Creek Productions

4000 Warner Boulevard  
Building 76  
Burbank, CA 91522  
Telephone: (818) 954-4800  
FAX: (818) 954-4811

The Towers at Harbor Court  
Suite 2705  
10 East Lee Street  
Baltimore, Maryland 21202  
Telephone: (410) 752-6688  
FAX: (410) 539-0404