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 APR 27 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000827 (7)**

1. Corporation Name
DON KING PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
871 WEST OAKLAND PARK BLVD. OAKLAND PARK FL ~~33304~~	871 WEST OAKLAND PARK BLVD. OAKLAND PARK FL ~~33304~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1992
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33311 Country 25	Zip 29: 33311 Country 30

4. FEI Number: 13-2819843 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 the date of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE	PCDT	☒ Change ☐ Addition
NAME	KING, DON	12 NAME		
STREET ADDRESS	871 W. OAKLAND PARK BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33311	14 CITY-ST-ZIP		
TITLE	VT	21 TITLE		☒ Change ☐ Addition
NAME	PLATT, STEPHEN	22 NAME		
STREET ADDRESS	871 W. OAKLAND PARK BLVD.	23 STREET ADDRESS	DELETE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	24 CITY-ST-ZIP		
TITLE	SV	31 TITLE		☐ Change ☐ Addition
NAME	TUCKMAN, CELIA	32 NAME		
STREET ADDRESS	871 W. OAKLAND PARK	33 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33311	34 CITY-ST-ZIP		
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	JAMISON, DANA	
STREET ADDRESS		43 STREET ADDRESS	871 W OAKLAND PARK BLVD	
CITY-ST-ZIP		44 CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	MERILA, JAMES	
STREET ADDRESS		53 STREET ADDRESS	871 W OAKLAND PARK BLVD	
CITY-ST-ZIP		54 CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	WESTRICH, DONNA	
STREET ADDRESS		63 STREET ADDRESS	871 W OAKLANDS PARK BLVD	AL 5/23
CITY-ST-ZIP		64 CITY-ST-ZIP	OAKLAND PARK, FL 33311	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added to an attachment with an address.

SIGNATURE: Don King DON KING 4/17/95 (305) 568-3500
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q10748 CP