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
... 11 5:45
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002963 (6)**

1. Corporation Name

BETHEA-MITEFF PRODUCTIONS, INC.

Principal Place of Business: 1849 S. KIRKMAN ROAD #1121, ORLANDO FL 32811

Mailing Address: 1849 S. KIRKMAN ROAD #1121, ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

4. FEI Number: 11-3100126 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. The corporation has ... for intangible tax under ... Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MITEFF, KARIM
1849 S. KIRKMAN RD #1121
ORLANDO FL 32811

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 ... 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 ... the ... of ... Florida Statutes.

SIGNATURE: [signature] 4/30/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BETHEA, JAMES
STREET ADDRESS	101 W. 90TH STREET SUITE 19J
CITY-ST-ZIP	NEW YORK NY 10024
TITLE	VST
NAME	MITEFF, KARIM
STREET ADDRESS	1849 S. KIRKMAN RD #1121
CITY-ST-ZIP	ORLANDO FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition — blank)

14. I hereby certify that the information supplied with this filing ... Florida Statutes ... I further certify that the information indicated on this report or supplemental 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: [signature] 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0064332 CP