FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000005979 (9)**

1. Corporation Name

INTERZINE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
6405 CONGRESS AVE SUITE 100 BOCA RATON FL 33487 US	6405 CONGRESS AVE SUITE 100 BOCA RATON FL 33487 US

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/21/1994**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **65-0537339** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HENLEY, R B
1015 SPANISH RIVER ROAD, SUITE 302
BOCA RATON FL 33432

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1-1 TITLE	P,V,T,S,D	☐ Change ☑ Addition
NAME	HENLEY, R B		1-2 NAME		
STREET ADDRESS	1015 SPANISH RIVER ROAD		1-3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1-4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2-1 TITLE		☐ Change ☐ Addition
NAME	William Earthman		2-2 NAME		
STREET ADDRESS	310 25th Avenue North		2-3 STREET ADDRESS		
CITY-ST-ZIP	Nashville, TN 37203		2-4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3-1 TITLE		☐ Change ☐ Addition
NAME	Theodore Leonsis		3-2 NAME		
STREET ADDRESS	8619 Westwood Center Dr.		3-3 STREET ADDRESS		
CITY-ST-ZIP	Vienna, VA 22182		3-4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4-1 TITLE		☐ Change ☐ Addition
NAME	J. Jeffrey Nixon		4-2 NAME		
STREET ADDRESS	2425 Post Road		4-3 STREET ADDRESS		
CITY-ST-ZIP	Southport, CT 06490		4-4 CITY-ST-ZIP		
TITLE		☐ DELETE	5-1 TITLE		☐ Change ☐ Addition
NAME			5-2 NAME		
STREET ADDRESS			5-3 STREET ADDRESS		
CITY-ST-ZIP			5-4 CITY-ST-ZIP		
TITLE		☐ DELETE	6-1 TITLE		☐ Change ☐ Addition
NAME			6-2 NAME		
STREET ADDRESS			6-3 STREET ADDRESS		
CITY-ST-ZIP			6-4 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)(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 on an attachment with an address.

SIGNATURE: _____ 3/11/96 (407)241-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #