

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

**6501 PARK OF COMMERCE
B140
BOCA RATON FL 33071
US**

Mailing Address

**6501 PARK OF COMMERCE
B140
BOCA RATON FL 33071
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DRESNER, KENNETH W
1317 N.W. 112TH TERRACE
CORAL SPRINGS FL 33071**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
HENLEY, R.B.
106 GOODWIVES RIVER ROAD
PARIAN CT**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
EARTHMAN, WILLIAM
310 25TH AVENUE NORTH
NASHVILLE TN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LEONSIS, THEODORE
8619 WESTWOOD CENTER DRIVE
VIENNA VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NIXON, J J
2425 POST ROAD
SOUTHPORT CT**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROGOFF, BRICE
133 FEDERAL STREET
BOSTON MA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PIKE, LIESL
2140 PACIFIC AVENUE
SAN FRANCISCO CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

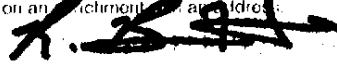
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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, as an addressee.

SIGNATURE:

 **R. Brian Henley** 4/16/98 203-851-5861

CR2E034 (10/97)