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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600001473

1. Corporation Name

STRIPER FILMS, LTD., INC.

## **FILED** Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90011 014 \*\*\*550.00



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Principal Place	e of Business	Mailing Address							
15 E 26 ST 15 E 26 ST									
1701 NEW YORK NY	10010	1701 NEW YORK NY 10010				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			٦
						03/22/1996			-
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	7	
21		26				13-3746973		Not Applicable	<b>+</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			ì
23		28				Trust Fund Contribution	Add	ed to Fees	_
Zip	Country	Zip Country				This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	☐ Yes	□No_	_
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	d Agent		┦ .
C T (	CORPORATION SYSTEM			81	Name				
	SOUTH PINE ISLAND ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			7
PLANTATION FL 33324				83					7
				84	City		85 Z	Zip Code	┪
11 Durauant	to the provisions of Sections 607 0503	and 607 1508 Florida Statut	tos the a	boy/9-	named corne	oration submits this statement for the purpose of		its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligati	if Florida. Such change was a	authorized	by th	he corporatio	n's board of directors. I hereby accept the app	ointment as	s registered	
SIGNATURE		_)							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent					signature required				<b>⊣</b> 9
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS A	ND DIREC		<u>"</u>
TITLE	PS CUDICTY ID ANGUOLAG D						□ O(Mail)	igeAddito	"  3
NAME	CHRISTY JR, NICHOLAS P	1.2 NA							
STREET ADDRESS	15 E. 26 \$TREET #1701				ADDRESS .				į
CITY-ST-ZIP	NEW YORK NY 10010	1.4 C/T			ZIP				_
TITLE		☐ DELETE 2.1 TIT					Chan-	ge 🗌 Additio	" `
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CITY-ST-ZIP			6.4 CI	TY-ST-Z	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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

532-8550