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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800000030

1. Corporation Name

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90076 041 ***150.00

WITSTIC	SCENIC STUDIOS, INC.							
Principal Place	of Business	Mailing Address				f 1004100 tism imint igini ngiri morti nosir dorra i		, liftli filmis imm!
1105 EAST STR		1105 EAST STREET						
DEDHAM MA 02026 DEDHAM MA 02026						DO NOT WRITE IN THIS	CDACE	
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
					1	01/05/1998		
9 0:	and of Decisions	2a. Mailing Address				4. FEI Number	Ar	plied For
⊢	ace of Business	} _			İ	04-3041178		ot Applicable
21 Suite_Apt	# etc	26 Suite, Apt. # .etc.					\$8.75	- ' '
22		27				5. Certifcate of Status Desired	Fee Re	equired
City & State	9	City & State	•			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Int		126 10
24	25		30			Personal Property Tax.	Yes	12100
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New Registered	Agent	
MED	os, george n Jr,esq.			-	Geó	rge N. Meros Ir Fs	Y	
	BERGER, KIRK & CALDWELL					rge N. Meros Jr. Esc s (P.O. Box Number is Not Acceptable)		
	E. COLLEGE AVE.			83		berger, Kirk & Cald	well	
	AHASSEE FL 32302			•3	301	S. Bronough St		
				84 City	T ¬ 1	lahassee, FL		Code
44 - D	the sections of Sections 97 DECC	Yand 807 1508 Florida Statute	e the a	ove-named o	1 0 1		changing its	301 registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was a	thorized	by the corpo	pration's	tion submits this statement for the purpose of s board of directors. I hereby accept the appoi	ntment as re	gistered
agent. I a	m familiar with and accept the obligation	ons of, Section 607.0505, Flor	ida Stati	ites.				
	/ // /-							
SIGNATURE	Skingture Hoad & printed name of registered agent	and title if applicable. (NOTE	Registered	Agent signature re	equired w	nen reinstating) DATE		\ <u>.</u>
	Signature, peed of printed name of registered agent OFFICERS ANI	,	Registered	Agent signature re	w beniupe	nen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	OFFICERS AND	,	i		equired w	10// 10// 10//	ID DIRECTO	DRS IN 12
12.		DIRECTORS	13.	LE	w beniupe	10// 10// 10//		
12.	OFFICERS AND	DIRECTORS	13. 1.1 TI 1.2 N	LE	w beniupe	10// 10// 10//		
12. TITLE NAME	OFFICERS AND PC RAY, JIM	DIRECTORS	13. 1.1 TI 1.2 N 1.3 ST	LE ME	w beniupe	10// 10// 10//	☐ Change	Addition
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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 reports 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR