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 # F98000001549

1. Corporation Name

FIREFALL PRODUCTIONS, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90248 044 ***158.75



					:	
Principal Place	of Business	Mailing Address	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1998 8. 4. FEI Number 59-3491812 8. 75 Adopticable 9. Certificate of Status Desired 6. Election Campaign Financing Frust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 8 Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered Oos, Floridas Statutes. WALLS (NOTE Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ETE 1.1 TITLE 1.2 NAME 2.3 STREET ADDRESS 1.4 CITY-ST-ZIP ETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
	ILLIPS BLVD., STE. 131		7512-50 DR. PHILLIPS BLVD., STE. 131			
ORLANDO FL 3	ORLANDO FL 32819					
					,	
· · · · · · · · · · · · · · · · · · ·		- 14-18 Add				
	ace of Business	2a. Mailing Address				
21 Cuito Act	# 010	Suite, Apt. #, etc.				
Suite, Apt. #, etc.		27				
City & State		City & State			6 Election Campaign Financing — \$5.00 May Be	
23		28				
Zip	Country	Zip	Count		8. This corporation owes the current year Intangible	
24	25	29	30		Torografi Topotty Taxi	
	9. Name and Address of Currer	nt Registered Agent				
ODU	ND BICHARD		8	1 Name	e	
GRUND, RICHARD				2 Street	et Address (P.O. Box Number is Not Acceptable)	
7512-50 DR. PHILLIPS BLVD., STE. 131 ORLANDO FL 32819						
UND	ANDO FL 32019		8	3	•	
		•	8	4 City	85 Zip Code	
				1		
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 a	m familiar with, and accept the obliga	tions of, Section 607,0505, Flori	ida Statut	9S.		
SIGNATURE	Lichard O				y-cs. 99	
	Signature open or printed name of registered age			jent signature r	e required when reinstating)	
12.	P OFFICERS AF	ND DIRECTORS				
TITLE	GRUND, RICHARD				_ , _	
NAME OTRET APPRECA	7512-50 DR. PHILLIPS BLVD.,	STF 131				
STREET ADDRESS	ORLANDO FL 32819	O1C. 101			· ·	
CITY-ST-ZIP	ST	☐ DELETE			☐ Change ☐ Additio	
NAME	GRUND, DEBORAH S		1			
STREET ADDRESS	7512-50 DR. PHILLIPS BLVD.,	STF. 131	2.3 STR	ET ADORESS	ss	
CITY-ST-ZIP	ORLANDO FL 32819		I -			
TITLE	<u> </u>	☐ DELETE			Change Addition	
NAME			3,2 NAM	Ε		
STREET ADDRESS	-		3,3 STRI	ET ADDRESS	us -	
CITY-ST-ZIP			3,4, CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	:	☐ Change ☐ Addition	
NAME			4. 2 NAM	IÉ .		
STREET ADDRESS			4.3 STRI	ET ADDRESS	is	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL	:	☐ Change ☐ Additio	
NAME			5.2 NAM	Ē		
STREET ADDRESS			5.3 STRI	EET ADDRESS	is	
CITY-ST-ZIP	l		5.4 CITY			
TITLE		☐ DELETE	6.1 TITL		☐ Change ☐ Additio	
NAME			6.2 NAM			
STREET ADDRESS			■ 6.3 STRI	ET ADDRESS	ιS	

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 with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS