

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

## PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G42443**

(3)

1. Corporation Name

**TODD WARNER STUDIOS, INC.**



Principal Place of Business

**159 B N.W. 11TH STREET  
BOCA RATON FL 33432**

Mailing Address

**155 NW 11TH ST  
BOCA RATON FL 33432-2639  
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/07/1983**

3a. Date of Last Report

**06/26/1995**

4. FET Number

**59-2230255**

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

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

**WARNER, TODD  
159 B. N.W. 11TH ST.  
BOCA RATON FL 33432**

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of officer or director responsible for this statement

Signature of Registered Agent responsible for this statement

Date

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | DP                           | <input type="checkbox"/> DELETE |
| NAME           | <b>WARNER, TODD</b>          |                                 |
| STREET ADDRESS | <b>159 B NW 11TH STREET.</b> |                                 |
| CITY-STATE-ZIP | <b>BOCA RATON, FL 00000</b>  |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-STATE-ZIP |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-STATE-ZIP |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-STATE-ZIP |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-STATE-ZIP |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-STATE-ZIP |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-STATE-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)(k), 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 of change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/96**

**407-392-8725**

CR2E034 (12/95)