

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H16892** (2)

1. Corporation Name

**SNOWBIRD PRODUCTIONS, INC.**



Principal Place of Business

7439 E HILLSBOROUGH AVE  
TAMPA FL 33610

Mailing Address

7439 E HILLSBOROUGH AVE  
TAMPA FL 33610

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEVY, BUDDY J.  
7439 E HILLSBOROUGH AVE.  
TAMPA FL 33610

3. Date Incorporated or Qualified

08/16/1984

3a. Date of Last Report

01/20/1995

4. Filer Number

59-2452259

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

(By the corporation or its duly authorized agent or its officer)

(By the Registered Agent or a person authorized to act as such)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                         |                                 |
|----------------------|-------------------------|---------------------------------|
| 11.1 TITLE           | PD                      | <input type="checkbox"/> DELETE |
| 11.2 NAME            | CLARE, JIM R.           |                                 |
| 11.3 STREET ADDRESS  | 7439 E HILLSBOROUGH AVE |                                 |
| 11.4 CITY-STATE-ZIP  | TAMPA FL                |                                 |
| 11.5 TITLE           | SD                      | <input type="checkbox"/> DELETE |
| 11.6 NAME            | LEVY, BUDDY J.          |                                 |
| 11.7 STREET ADDRESS  | 7439 E HILLSBOROUGH AVE |                                 |
| 11.8 CITY-STATE-ZIP  | TAMPA FL                |                                 |
| 11.9 TITLE           | TD                      | <input type="checkbox"/> DELETE |
| 11.10 NAME           | COOK, CHERRY            |                                 |
| 11.11 STREET ADDRESS | 7439 E HILLSBOROUGH AVE |                                 |
| 11.12 CITY-STATE-ZIP | TAMPA FL                |                                 |
| 11.13 TITLE          | D                       | <input type="checkbox"/> DELETE |
| 11.14 NAME           | ESTRADA, ALFRED         |                                 |
| 11.15 STREET ADDRESS | 7439 E HILLSBOROUGH AVE |                                 |
| 11.16 CITY-STATE-ZIP | TAMPA FL                |                                 |
| 11.17 TITLE          | D                       | <input type="checkbox"/> DELETE |
| 11.18 NAME           | VALVERDE, DONALD        |                                 |
| 11.19 STREET ADDRESS | 7439 E HILLSBOROUGH AVE |                                 |
| 11.20 CITY-STATE-ZIP | TAMPA FL                |                                 |
| 11.21 TITLE          |                         | <input type="checkbox"/> DELETE |
| 11.22 NAME           |                         |                                 |
| 11.23 STREET ADDRESS |                         |                                 |
| 11.24 CITY-STATE-ZIP |                         |                                 |

|                      |                         |  |
|----------------------|-------------------------|--|
| 13.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.2 NAME            |                         |  |
| 13.3 STREET ADDRESS  |                         |  |
| 13.4 CITY-STATE-ZIP  |                         |  |
| 13.5 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.6 NAME            |                         |  |
| 13.7 STREET ADDRESS  |                         |  |
| 13.8 CITY-STATE-ZIP  |                         |  |
| 13.9 TITLE           | TD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           | TAYLOR, CHERRY          |  |
| 13.11 STREET ADDRESS | 7439 E HILLSBOROUGH AVE |  |
| 13.12 CITY-STATE-ZIP | TAMPA FL                |  |
| 13.13 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.14 NAME           |                         |  |
| 13.15 STREET ADDRESS |                         |  |
| 13.16 CITY-STATE-ZIP |                         |  |
| 13.17 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13.18 NAME           |                         |  |
| 13.19 STREET ADDRESS |                         |  |
| 13.20 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 if changed, or on an attachment with an address.

SIGNATURE:

BUDDY J. LEVY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(813) 623-3543

PHONE NUMBER

CR2E034 (12/95)