


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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
--	--

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**08/16/1984**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

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 607.1508, 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CLARE, JIM R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7439 E HILLSBOROUGH AVE	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD LEVY, BUDDY J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7439 E HILLSBOROUGH AVE	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD TAYLOR, CHERRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7439 E HILLSBOROUGH AVE	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D ESTRADA, ALFRED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7439 E HILLSBOROUGH AVE	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VALVERDE, DONALD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7439 E HILLSBOROUGH AVE	5.2 NAME	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(f), 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 Levy* **1-21-98 (813)623-3543**

CR2E034 (10/97)