## 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

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90003 007 \*\*\*150.00

## DOCUMENT # H33323 1. Corporation Name VIDEO PRODUCTION CENTER, INC. - I INNSINSI NINO SILTE IILON ISILA TINSE IISI NIBIL ELDIK ELDIK ALBIT ALBIT ALBIT ALBIT ISI

Principal Place of Business Mailing Address							( 1 <b>5516</b> () #184 (1104 )1144 (1104 (1944 )111 #184	81911 915		IEI: BIEI: (88)
201 W SR 434 WINTER SPRING US	S FL 32708	201 W SR 434 Winter Springs FL 32 US	WINTER SPRINGS FL 32708				DO NOT WRITE IN TH	IS SPA	DE	
						3. Date Incorporated or Qualifed 12/10/1984				
Principal Place of Business     2a. Mailing Address							4. FEI Number	Applied For		
21		26	26				59-2770560	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional			
22		27	27				Fee Required			
City & State	<del></del>	City & State	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution Added to Fees			
Zip	Country					1	3. This corporation owes the current year Intangible  Personal Property Tax. ☐ Yes ☐ No			
24	25   29   30   9. Name and Address of Current Registered Agent			_			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Cu	rrent Registered Agent		81	Name		e. Haine and Address of New Registers	a Agen		
ALLE	N, RALPH			L						
595 SUNRISE AVE				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	ER SPRINGS FL 32708			83						
				L						
				84	City		F	I. 85	Zip C	ode
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the of	ate of Florida. Such change was	authorized	d bv	the corp	d corporati poration's	tion submits this statement for the purpose board of directors. I hereby accept the app	of chang ointmer	jing its it as reç	registered gistered
SIGNATURE	Signature, typed or printed name of registerer		TE: Registered			e required whe	en reinstating) DATE			
12.		AND DIRECTORS	13.	, ngo	n vigitation		ADDITIONS/CHANGES TO OFFICERS	AND DI	RECTO	R\$ IN 12
TITLE			1.1 TI	1.1 TITLE					Change	☐ Addition
NAME	ALLEN, RALPH		1 2 N	AME						
STREET ADDRESS	595 SUNRISE AVE		138	TREE?	ADDRESS	s				
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-Z		T-ZIP					
TITLE			2.1 TITLE		i			Change	Addition	
NAME			2.2 N	AME						
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NAME			4.21							
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STREET ADDRESS					TADDRESS	٦				
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NAME					T ADDDESS					
STREET ADDRESS					TADORESS	2				
CITY-ST-ZIP			6.4 C	IIY-S	T-ZIP	1				

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 or an attachment with an address with all other like empowered.

SIGNATURE: \_\_

CITY-ST-ZIP