FILE NOW: FILING FEE IS \$ 150.00

∴PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

23

DOCUMENT # H 4 178 / 1. Corporation Name NADA PRODUCTIONS, INC

FILED Jul 06, 1999 8:00 am Secretary of State

6-Election Campaign Financing

07-06-1999 90011 025 ***150.00

Principal Place of Business WILTON MANORS	Mailing Address 2216 NW 8 TERRACE		
2216 N.W. 8 TERRALE FT-LAUDEABALE, FL,33311	WILTON MANORS, FL. 38311	8. YEAR INTANGIBLE PERSONAL PROP. TAX	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21	· 26	02/07/1985	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0001935	Not Applica
City & State	City & State	5. Certifcate of Status Desired	\$8.75 Additional

Added to Fees Trust Fund Contribution 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SUKHU, HARRY N. Street Address (P.O. Box Number is Not Acceptable) 2216 NW 8 TERRICE 83 WILTON MANORS, FL - 33311 84 City 85 Zip Code

Country.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		
		Registered Agent signature required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE Change Addition
NAME	SUKHU, HARRY N. 2216 NW 8 TERRACE	12 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP_	WILTON MANUAS, FL. 33311	1.4 CITY-ST-ZIP
TITLE	D V P	2.1 TITLE
NAME	SUKHU, RANDOAL	22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE 5.1 TITLE
STREET ADDRESS	2216 NW 87 GRALLE	2.3 STREET ADDRESS
CITY-ST-ZIP	WILTON MANORS FL. 33311	2.4CITY-ST-ZIP FOR PROFIT
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NAME	•	
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	4.4 CITY- ST- ZIP
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NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
πιε	☐ DELETE	6.1 TTLE Change Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I heraby 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 617, 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.

KANDAI SOLKHY 6/30/94

CR2E037

Applicable

Fee Required

\$5.00 May Be