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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| | 1996 | G 1110 | DIVISION OF CO | DRPORATIONS | | |
|---|---|---|--|---|---|---|
| DOCUN 1. Corporation | MENT # | H69729 | (2) | | | |
| CINE | PRODUCTION | NS, INC. | | | | |
| | | | | | 1 10 10 10 10 10 10 10 10 10 10 10 10 10 | I A JENN ANDRY BYDIN BYDIN BYDIN BYDIN BYDIN 1884 |
| Principal Place | of Business | | failing Address | | - 14000011 0400 071110 10311 14040 141 | |
| ×6018-FORES | | | -SOIO FOREST HILLS OR | | | |
| P.O.BOX 3755 | | | P.O.BOX 3755 | - | | |
| HOLIDAY FL | . 34690 | | HOLIDAY FL 34690 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2 Principal Flo | on of Dunings | | BA-Him Balalana | | 08/02/1985 4. FEI Number | 05/01/1995 |
| 2. Principal Place of Business 22 BLOSSOM DR 26 | | | · Mailing Address Blo | ssom Dr | 59-2619323 | Applied For Not Applicable |
| Suite Apt # | | 2165 | Suite, Apl. #, eta | 2055 | Certificate of Status Desired | \$8.75 Additional |
| 22 7.0 11 | | | 1.0.150X | 3755 | | Fee Required |
| City & State | SIDAY | 28 | City & State 1044 | _ | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zin () a Country a Zin a () Country | | | | | 8. This corporation has liability for i | |
| 24 346 | 0 Nome and 1 | ddress of Current Regi | | tasco | Florida Statutes Yes | |
| | s. Hame and A | duress of Current Negi: | Preten Wheter | 81 Name | 10. Name and Address of New R | egistered Agent |
| COPOUR DAY | | | | | ss (P.O. Box Number is Not Acceptab | 0) |
| | ANICE LANE | | | | ss (i .c. box Nomber is Not Acceptab | |
| HOLIDA | Y FL 34690 | | | 83 | | |
| | | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant to | the provisions of | Sections 607.0502 and 60 | 07.108, Florida Statutes, | the above-named corporat | tion submits this statement for the pur | pose of changing its registered office |
| or registere familiar with | ed agent, or both, i n, and accept the d | n the State of forida. Sub obligations 1, Section 607 | h change was authorized l :05 55, Florida Statutes. | by the corporation's board | tion submits this statement for the pur d of directors. I hereby accept the appo | intment as registered agent. I am |
| SIGNATURE | | name of registered ager, and title if | ial | MY | scrope | 7/22/76 |
| 12. | signatura, typed or printed | OFFICERS AND DIRE | | Registered Agent signature required v | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 |
| TITLE | PD | | ☐ DELETE | 1, 1 TITLE | | Change Addition |
| NAME OTOSSE ASSOCIATE | SCROKE, R | | | 1.2 NAVE | | |
| STREET ADDRESS CITY-ST-ZIP | 5018 JANIC HOLIDAY FL | | | 1.3 STREET ADDRESS 1.4 City - St - Zip | | |
| TITLE | HOLDAIT | | ☐ DELETE | 2 1 TITLE | | Change Addition |
| NAME | | | | 2.2 NAVIE | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | |
| City-St-ZiP Title | | | DELETE | 2.4 CITY - ST - ZIP 3. 1 TITLE | | Change Addition |
| NAME | | | _ | 3.2 NAME | | |
| STREET ADDRESS | | | | 3.3. STREET ADDRESS | | |
| C(TY+ST+Z(P) TITLE | | | DELETE | 3.4 CITY - ST - ZIP | | C) Change C Addition |
| NAME | | | C. Deceve | 4. 1 TITLE 4.2 NAME | | Change Addition |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | | 44 CITY-ST-ZIP | | |
| TITLE | | | ☐ DELETE | 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | | 5.2 NAME 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | | 54 CITY-SI-ZIP | | |
| TITLE | | | ☐ DELETE | 6 1 TIPLE | | Change Addition |
| NAME | | | | 62 NAME | | |
| STHEET ADDRESS CITY-ST-ZIP | | | | 6.3 STREET ADDRESS | | |
| 14. Ldo bereby | certify that the info | ormation supplied with this | filing is voluntarily furnishe | 64 CITY-ST-ZIP ed and does not qualify for | the exemption stated in Section 119.0 | 07(3)(k), Florida Statutes. I further |
| certify that i | the information ind am an officer or di | icated on this annual repo rector of the corporation c | rt or supplemental annual or the receiver of trustee er | report is tryle/and accurate mpcyvered to execute th <u>is i</u> | e and that my signature shall have the report as required by Chapter 607, Flo | same legal effect as if made under rida Stajutes; and that my name |
| appears in l | Block 12 or Block | 13 if changed, or on an at | tachment with an address | 1 L. S |) (. k | 4/20/96 |
| SIGNATI | URE: | | pay X | elle f | Hy Schoole | 1/0/10 |
| | SIGN | IATURE AND TYPED OR PRINTE | NAME OF SIGNING OFFICER OF | R DIRECTOR | Date | Daytinie Phone # |