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FILED  
Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **J11463** (3)  
1. Corporation Name  
**UPTOWN PRODUCTIONS, INC.**



Principal Place of Business  
**2303 ARDSON PLACE  
P.O. BOX 2969  
TAMPA FL 33629  
US**

Mailing Address  
**P O BOX 2969  
P.O. BOX 2969  
TAMPA FL 33601-2969  
US**

3. Date Incorporated or Qualified **04/24/1986** 3a. Date of Last Report **06/03/1996**  
4. FEI Number **59-2667681** 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

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

9. Name and Address of Current Registered Agent

**PEDALINO, JOSEPH, JR.  
2303 ARDSON PLACE  
TAMPA FL 33629**

81  
82  
83  
84 City

10. Name and Address of New Registered Agent

**James N. Mower  
5201 W. Kennedy Blvd., Suite 530  
Tampa, Florida 33609**

**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

*Signature of registered agent and file if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/97**

12. OFFICERS AND DIRECTORS

TITLE  DELETE **D**  
NAME **PEDALINO, JOSEPH, JR.**  
STREET ADDRESS **2303 ARDSON PLACE**  
CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE **PTS**  
NAME **PEDALINO, JOSEPH, JR.**  
STREET ADDRESS **2303 ARDSON PLACE**  
CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Signature of Joseph Pedalino Jr.* **Joseph Pedalino Jr.** **4-24-97** **813-251-2598**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)