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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J50746

(3)

ZOOM FILM & TAPE PRODUCTIONS, INC.

Principal Place of Business Mailing Address % CAROL MORROW % CAROL MORROW 2175 HUNTERFIELD RD 2175 HUNTERFIELD RD MAITLAND FL 32751-3551 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 01/07/1987 05/29/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2784825 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MORROW, CAROL 2175 HUNTERFIELD RD Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 83 City 84 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: type of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETE Change THE 1.1 TITLE MORROW, CAROL 12 NAME NAME 2175 HUNTERFIELD RD 1.3 STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 1.4 CITY - ST - ZIP CITY-ST-7IP DELETE ☐ Change ___ Addition THILE 2.1 TiTLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 3.4 CITY-ST-2IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP

14. Ido 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

SIGNATURE:

CITY-ST-ZIP

CHROL MORROW

appears in Block 12 or Block 13 if changed, or on an attachment with an address

407-896-2060

FILED

Jan 28 1997 8:00am

Secretary of State

(96/6)