FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J83771** **(2)**

1. Corporation Name

D.T. PRODUCTIONS, INC.

Principal Place of Business

1928 NE 154TH STREET
115
N. MIAMI FL 33162-6000
US

Mailing Address

9720 PINES BLVD.
PEMBROKE PINES FL 33024
US

2. Principal Place of Business

21 2430 24TH COURT

Suite, Apt. #, etc.

22

City & State

23 JUPITER, FL

Zip 24 33477 Country 25 U S A

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

3. Date Incorporated or Qualified: **07/22/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2825988** 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

9. Name and Address of Current Registered Agent

TAMBURINI, DENISE K.
13195 EMERALD DR #1
N. MIAMI BEACH FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2430 24TH COURT

83

84 City: JUPITER FL 85 Zip Code: 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 _____ Date

12. OFFICERS AND DIRECTORS

TITLE	PTS	☐ DELETE
NAME	TAMBURINI, DENISE K.	
STREET ADDRESS	13195 EMERALD DR #1	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	TAMBURINI, DENISE K.	
STREET ADDRESS	13195 EMERALD DR #1	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VP	☐ DELETE
NAME	HALFACRE, SHEILA	
STREET ADDRESS	12950 VISTA ISLE DRIVE #421	
CITY-ST-ZIP	SUNRISE 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	2430 24TH COURT	
1.4 CITY-ST-ZIP	JUPITER, FL 33477	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2430 24TH COURT	
2.4 CITY-ST-ZIP	JUPITER, FL 33477	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2430 24TH COURT	
3.4 CITY-ST-ZIP	JUPITER, FL 33477	
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 report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is added in connection with an address.

SIGNATURE: _____ 13-2096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title Daytime Phone #

CR2E034 (12/95)