FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

Lam an officer or directo of the appears in Block 12 or Block

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K42905

(5)

KIRK MCCLELLAND PRODUCTIONS, INC.

FILED May 12 1997 8:00am Secretary of State



SAMSOTA FI. 3424 SAMSOTA FI. 34234 SAMSOTA FI. 34234 S. Date Incorporated or Qualified S. Date of Least Report 10/31/1988 Q. Pirricipal Ploce of Bearress 2.a. Mailing Address 4. FER Number 59-9225727 Applied for Company 1 et al. Suite, April 4 etc. Suite, April 4 etc. Suite, April 4 etc. Suite, April 5 etc. Suite, April 5 etc. Suite, April 6 etc. Suite, April 6 etc. Suite, April 6 etc. Suite, April 6 etc. Suite, April 7 et		ice of business	Mailing Address						
2. Mailling Address 2a. Mailling Address 2b. Mailling Mail									
South Apt # circ. 20									leport
Suite, Agit # etc. Suite, Agit #, etc. Suite, Agit #, etc. Suite, Agit #, etc. Size Size								A	oplied For
School State 27 State 28 State 28 State 28 State 28 State 28 State 28 State State 28 State State						59-2225727	·····		
28 Country Zip Country Zip Country S. This corporation has liability for intangible fax under is 199.032 Pointed Statutes Qi ve No No No No No No No N	22		27	·		5. Certificate of Status Desired	Ø		
See Section of Courtest Registered Agent See Section See Section See Section See See Section See See Section See See See See See See See See See S	23	ale				1			
9. Name and Address of Current Registered Agent MCLELLAND, KIRK 1322 45TH STREET SARASOTA FL 34234 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sociolons 697 0502 and 697 1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered spent or both, in the State of Florida. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered spent or hoth, in the State of Florida. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered spent or hoth, in the State of Florida Statutes. SIGNANT UFF 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. Name 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. Control of the provision's Agent in the provis	Zp 24	₁	· · · · · · · · · · · · · · · · · · ·		y				. 199.032,
SZ Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 E2 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code		9. Name and Address of Cu	rrent Registered Agent						
SARASOTA FL 34234 Solidar Statutes Solidar Sta				81	Name				
B3				82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)		
11. Pursiant to the provisions of Socions 607.0502 and 607.1508, Forida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 at manifest manifest with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WARD CLELLAND, KIRK 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.2 STREET ADDRESS SARASOTA FL 1.4 OFF.ST-2P UNCLELLAND, CAROL 1.32 45TH STREET 2.2 STREET ADDRESS SARASOTA FL 1.4 OFF.ST-2P UNCLELLAND, CAROL 1.32 45TH STREET 2.3 STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 1.4 OFF.ST-2P UNCLELLAND, CAROL 1.32 45TH STREET 2.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 OFF.ST-2P UNCLELLAND, CAROL 3.5 STREET ADDRESS 3.5 STREET A	SAI	RASUIA FL 34234		83	,				
11. Pursiant to the provisions of Socions 607.0502 and 607.1508, Forida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 at manifest manifest with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WARD CLELLAND, KIRK 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.2 STREET ADDRESS SARASOTA FL 1.4 OFF.ST-2P UNCLELLAND, CAROL 1.32 45TH STREET 2.2 STREET ADDRESS SARASOTA FL 1.4 OFF.ST-2P UNCLELLAND, CAROL 1.32 45TH STREET 2.3 STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 1.4 OFF.ST-2P UNCLELLAND, CAROL 1.32 45TH STREET 2.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 OFF.ST-2P UNCLELLAND, CAROL 3.5 STREET ADDRESS 3.5 STREET A				84	City			85 Žin	Code
GRIEF LADRIESS SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND THE ADDITIONS AND THE ADD				ı	1		PL.		
Signature, Special or protect any of trappisative and from a supplicable in Special Sp	Other or	registered agent, or both, in the 5	iate of Florida. Such chande was i	authorizad h	y the cornors	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of chart the appoin	nanging it ntment as	is registered registered
IDITE P DELETE 1.1 TITLE DELETE DORS IN 1.2 DELETE 1.1 TITLE DELETE DORS IN 1.2 DELETE DELETE DELETE DORS IN 1.2 DELETE DELETE DORS IN 1.2 DELETE DELETE DELETE DORS IN 1.2 DELETE DELE	SIGNATURE		7 A. A. A. MARANES S.						
DELETE 11 TITLE	12.				ent signature requ			IDECTOR	C IN 40
MCCLELLAND, KIRK 1322 45TH STREET 5ARASOTA FL 1A OPTY-SI-ZIP MCCLELLAND, CAROL 1322 45TH STREET 5ARASOTA FL 22 NAME MCCLELLAND, CAROL 1322 45TH STREET 5DIY-SI-ZIP MCCLELLAND, CAROL 1322 45TH STREET 5DIY-SI-ZIP MLE AVA SIREET ADDRESS 5DIY-SI-ZIP MLE AVA 4 CITY-SI-ZIP MLE AVA 4 CITY-SI-ZIP MLE AVA 4 CITY-SI-ZIP MLE AVA 4 CITY-SI-ZIP MLE AVA 6 SIREET ADDRESS 5 STREET ADDRESS 5	THILE				·· ·····	ADDITIONS/CHANGES TO OFFIC		· · · · · · · · · · · · · · · · · · ·	
SPREET ADDRESS STREET	NAME	·					<u> </u>	_ Divingo	Harry Manager
SARASOTA FL INCE WASHET ADDRESS DITY-SI-ZIP MCCLELLAND, CAROL 1322 45TH STREET SARASOTA FL DELETE 23 STREET ADDRESS DITY-SI-ZIP INCE MAWE STREET ADDRESS DITY-SI-ZIP OCHANGE 32 MAME 33 STREET ADDRESS STRE	STREET ADDRESS			1	TANNAFEE				
DELETE DELETE 23 TITLE Change Addition Ad									
MCCLELLAND, CAROL 1322 45TH STREET 23 STREET ADDRESS SARASOTA FL 22 NAME 23 STREET ADDRESS SARASOTA FL 21 STREET 23 STREET ADDRESS SARASOTA FL 31 TITLE 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP ITLE AMME 42 NAME 43 STREET ADDRESS ALCITY-ST-ZIP ITLE DELETE 41 TITLE Change Addition Addition AND STREET ADDRESS ALCITY-ST-ZIP ITLE Change Addition Addition AND STREET ADDRESS ALCITY-ST-ZIP ITLE Change Addition Addition ADDRESS ALCITY-ST-ZIP ALCITY-ST-ZIP ALCITY-ST-ZIP ALCITY-ST-ZIP ALCITY-ST-ZIP ALCITY-S	TITLE		DELETE		31-514	<u></u>		Change	Additio
STREET ADDRESS CITY-SI-ZIP SARASOTA FL 2.3 STREET ADDRESS CITY-SI-ZIP DELETE 3.1 TITLE 3.2 MAME 3.2 MAME 3.3 STREET ADDRESS CITY-SI-ZIP DELETE 4.1 TITLE 4.1 TITLE 5.1 TITLE 6.1 Change Addition Addit	NAME	MCCLELLAND, CAROL	_				<u></u>	, c	
SARASOTA FL 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS DITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME Addition MME STREET ADDRESS DITY-ST-ZIP DELETE 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Ch	STREET ADDRESS				ADDRESS .	•			
DELETE DELETE 3.1 TITLE Change Addition Add	CITY - S1 - ZIP					ı			
3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TILE		DELETE		-			Change	Addition
34. CITY-ST-ZIP JOLE JOLETE J	NAME			3.2 NAME			-	- •	****
DELETE 4.1 TITLE	STREET ADDRESS			3.3 STREE	(ADDRESS				
ITILE DELETE 4.1 TITLE DELETE 4.1 TITLE Addition of the properties	CITY - ST - ZIP			3.4. CITY-	ST-ZIP				
Addition of the property of 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	Tii,E		DELETE					Change	Addition
A CITY-ST-ZIP INTE DELETE 5.1 TITLE Change Addition STREET ADDRESS SITY-ST-ZIP JELET DELETE 6.1 TITLE Change Addition Change Addition Addit	NAME			4. 2 NAME				•	
A4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition STREET ADDRESS S	STREET ADDRESS			4.3 STREE	ADDRESS				
SAME STREET ADDRESS S	CITY-SI-Zi≥			4.4 CITY - 1	ST-ZIP				
STREET ADDRESS STYLE STATE STATE DELETE 61 TITLE GA NAME 62 NAME 63 STREET ADDRESS STYLE STATE 64 CITY-ST-ZIP 4. 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	TIFLE		DELETE	5.1 TITLE				Change	Addition
STY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP SAME 62 NAME 63 STREET ADDRESS STY-ST-ZIP 4. 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	NAME			52 NAME					
DELETE 61 TITLE Change Addition 62 NAME 63 STREET ADDRESS CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP 65 CITY-S1-ZIP 65 CITY-S1-ZIP 66 CITY-S1-ZIP 66 CITY-S1-ZIP 67 CITY-S1-ZIP 68 CITY-S1-ZIP 69 CITY-S1-ZIP	STREET ADDRESS			5 3 STREET	ADDRESS				
THE DELETE 61 TITLE Change Addition For the Company of the Company	CITY - ST - ZiP			5.4 CITY-5	ST-ZIP				
63 STREET ADDRESS 64 CRY+ST-ZIP 4. 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	TIFLE		DELETE					Change	Addition
64 City-St-ZiP 6.4 City-St-ZiP 6.4 City-St-ZiP 6.4 City-St-ZiP 6.4 City-St-ZiP 6.5 City-St-ZiP 6.7 City-St-ZiP 6.7 City-St-ZiP 6.8 City-St-ZiP	NAME			62 NAME	[
4. 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	STREET ADDRESS			6.3 STREET	ADDRESS				
4. 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	CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				
interrest on indicated on this angual rapid or aupolomontal appeal is but and account and the control of the co	14. I do here	eby certify that the information supp	lied with this filing does not qualit	y for the exe	mption state	d in Section 119.07(3)(i), Florida Statutes	. I further co	ertify that	the