FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED

DOCUMENT # **K66928** **(8)**

1. Corporation Name

INDIGO PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
C/O INDIGO PRODUCTIONS, INC. TAMPA FL 33606-3005 US	9829 TERRACE TRAIL TAMPA FL 33637-5008 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business (21): 9829 TERRACE TRAIL LN
Suite, Apt. #, etc (22):
City & State (23): TAMPA, FL
Zip (24): 33637-5008 Country (25): USA

2a. Mailing Address (26):
Suite, Apt. #, etc (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-2932636 ☐ 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

SPRINGER, DAVID G.
9829 TERRACE TRAIL LANE
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ (NOTE: Registered Agent must sign if registered agent is changed.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☑ Change ☐ Addition
NAME	SPRINGER, DAVID G.	12 NAME	
STREET ADDRESS	9829 TERRACE TRAIL LANE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	TAMPA, FL 33637
TITLE	DVS	21 TITLE	DVS ☑ Change ☐ Addition
NAME	FAVARA, EDWARD	22 NAME	DAVID G. SPRINGER
STREET ADDRESS	9829 TERRACE TRAIL LANE	23 STREET ADDRESS	9829 TERRACE TRAIL LN.
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	TAMPA, FL 33637
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is validly executed and 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 on page 1 of this report or on an attachment with an address.

SIGNATURE: DAVID G. SPRINGER 4/25/95 (813)989-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone Number

0443960 FP