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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K69984

(8)

BURT ROCK PRODUCTIONS INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
10808 WHITMA	AN CIR .	10602 WHITMAN CIR.	*						
US	90051	US							
						 Date Incorporated or Qualified 02/28/1989 		Date of Last F 5 /01/1996	Report
	Place of Business	2a. Mailing Address	- ₁ ~			4. FEI Number	Applied For		
Sulte, Apt.	# etc	26	Suite, Apt. #, etc.			58-1839865	Not Applicable \$8.75 Additional		
22	т, ос.	27	·			5. Certificate of Status Desired			Additional equired
City & Sta	le	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	r intangib	le tax under s	199.032,
24	25	29	30				Yes		
<u> </u>	9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New F	egistere	a Agent	
GOULD, NORMAN 1221 N MILLS									
	ANDO FL 32803		1.	82	Street Add	fress (P.O. Box Number is Not Accept	able)		
VIN	PARPO PE SESS		ļ.	83					
				84	City	TO THE REAL PROPERTY OF THE PARTY OF THE PAR			<u></u>
					_		F	L ` `	Code
agent. I a SIGNATURE	am familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, F	lorida Statu 11 Regislered	ites	S .	poration submits this statement for the tion's board of directors. I hereby accurate when reinstaling)	DATE		
TITLE	PDC OTTICENS AN	DELETE	13. 13 TO L	F		ADDITIONS/CHANGES TO OFF	ICERS AF	Change	Addition
NAME	GIEB, KEVIN FRANKLIN		12 NAN						Audition
STREET ADDRESS	10902 WHITMAN CIR				ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1,4 CITY	Y- \$1	1-2IP				
TITLE		DELETE	2:1 TITE	E				Change	Addition
NAME			S\$ NAN	ΜE					
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP		DELETE	2,4 CH 31 THL		A - ZIP			Change	Addition
NAME			3.2 NAM					L_I Grianiye	L_ Mandon
STREET ADDRESS	İ				ADDRESS				
CITY-ST-ZIP			3.4. C/T		j				
TITLE		☐ DELETE	411 1					Change	Addition
NAME			4 2 NA	ME					
STREET ADDRESS			4 B S1R	EET.	ADDRESS				
CITY-ST-ZIP		Delete	4 # CITY		1 - Z)P			T 7.	
TITLE NAME			1	51 TITLE				Change	Addition
STREET ADDRESS		•	5.P NAN 5.P 810		ADDRESS				
CITY-ST-ZIP			5.4 DHY						
TITLE		☐ DELETE	6.1 THL		Ha			Change	Addition
NAME			6.P NAV					, ,	
STREET ADDRESS			6.B STR	EE1.	ADDRESS				
CITY-ST-ZIP			6.4 CiTy	Y - S1	1 - 7/P		_		

I do hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address.