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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90011 045 ***150.00

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	•		w		_

1. Corporation Name

BURT ROCK PRODUCTIONS INC.

DOIN NO											
Principal Place	of Business	Mailing Ad	ddress				1 14410117 5110 6				
637 W PRICETO	N ST	637 W PRII	NCETON ST			}					
ORLANDO FL 3	2804	ORLANDO	FL 32804			}		OO NOT WRI	TE IN THIS	SPACE	
US		US					Date Incorporate	d or Qualifed			İ
						- 1	02/28/1989				
2. Principal Pl	ace of Business	2a. Mailing	g Address				4, FEI Number			<u> </u>	plied For
21		26					<u>58-1839865</u>				t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Stat	us Desired	П .	\$8.75 A	
22	···	27				- 1				Fee Re	· —
City & State	9	City &	State				6. Election Campai	=		\$5.00	
23		28		C			Trust Fund Conti			Added t	o rees
Zip	Country	Zip	Ī <u></u> .	Country		-	8. This corporation		ent year inta	ingible □Yes	MNo
24	25	29	30	01			Personal Propert 10. Name and Addi	·	Registered A		
	9. Name and Address of Co	urrent Registered A	rgent	81	Name		IO. Name and Add	633 01 1017 1	togiotorou i		
GOU	LD, NORMAN										
	N MILLS			82	Street	Address	(P.O. Box Number	s Not Accepta	able))
	ANDO FL 32803			83							
J.,_											
				84	City				FL	85 Zip (Code
office or n	to the provisions of Sections 60 egistered agent, or both, in the S m familiar with, and accept the c	State of Florida, Suci	n change was autr	nonzea ov	tne corbo	corpora oration's	tion submits this state board of directors.	ement for the hereby accep	purpose of of the appoir	changing its ntment as re	registered gistered
SIGNATURE			ANOTE D		t sieneture r	roquirod wh	en reinstating)	· · · · · · ·	DATE		\
42	Signature, typed or printed name of register	ed agent and title if applicable S AND DIRECTORS		13.	t signature ri	edniso wii	ADDITIONS/CHA	NGES TO OF		D DIRECTO	RS IN 12
12.	PDC	O AND BINEO TORK	DELETE	4.1 TITLE		PDC				Change	☐ Addition
NAME	GIEB, KEVIN FRANKLIN			1.2 NAME		GIEB	, KEVIN FR W. PRINCE	PANKLIN	•		
STREET ADDRESS	10602 WHITMAN CIR		·	1.3 STREET	ADDRESS	637	W. PRINCE	ton #	<i>!</i>)
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-S							
TITLE	CHERIDOTE					001	ANDO FL	3280	4		
NAME			☐ DELETE	2.1 TITLE	1-ZIP	ORL	LANDO, FL	3280		☐ Change	☐ Addition
I WAITE			☐ DELETE		1-ZIP	ORL	LANDO, FL	3280		☐ Change	Addition
STREET ADDRESS			☐ DELETE	2.1 TITLE		ORL	LANDO, FL	<u>32</u> 80	<u> </u>	☐ Change	Addition
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14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

R2E034 (11/98)