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FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K87204 (9)
1. Corporation Name
IVANHOE PRODUCTIONS, INC.



Principal Place of Business
401 S ROSALIND AVE
SUITE 100
ORLANDO FL 32801

Mailing Address
P.O. BOX 865
SUITE 100
ORLANDO FL 32802
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2745 W. Fairbanks Avenue
Suite, Apt. #, etc.
22
City & State
23 Winter Park, FL 32789
Zip
24 32789
Country
25 USA

2a. Mailing Address
26 P. O. Box 865
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL 32802
Zip
29 32802
Country
30 USA

3. Date Incorporated or Qualified
05/09/1989

4. FEI Number
59-2951279
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, MARJORIE BEKAERT
401 S ROSALIND AVE
SUITE 100
ORLANDO FL 32801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2745 W. Fairbanks Avenue
83
84 City
Winter Park
FL 85 Zip Code
32789

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME SDP
STREET ADDRESS THOMAS, MARJORIE BEKAERT
CITY-ST-ZIP 401 S ROSALIND AVE #100
ORLANDO FL

TITLE ☐ DELETE
NAME TD
STREET ADDRESS BONFLEUR, BETTE
CITY-ST-ZIP 401 S ROSALIND AVE #100
ORLANDO 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2745 W. Fairbanks Avenue
1.4 CITY-ST-ZIP Winter Park, FL 32789

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2745 W. Fairbanks Avenue
2.4 CITY-ST-ZIP Winter Park, FL 32789

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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.

3/25/98

407-740-0789

CR2E034 (10/97)