## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L12826 (8) 1. Corporation Name									
BRAD J	IAMES PRODUCTIONS, INC	I BARNAN ANI NCHA NAMA NAMA NAMA NAMA NAMA NAMA NAMA NA							
Principal Place	of Business	Mailing Address							
15409 LAKE MAGDALENE BLVD. C/O BRADLEY J. GILKISON		15409 LAKE MAGDALENE BLVD. C/O BRADLEY J. GILKISON							
TAMPA FL 33	613	TAMPA FL 33613				3. Date Incorporated or Qualified 08/29/1989		ate of Last Re	•
2. Principal Pla	oce of Business	2a. Mailing Address 26			4. FEI Number 59-2966955	Applied For Not Applicable			
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.	<b>├</b> ──₁			5. Certificate of Status Desired		\$8.75	Additional lequired
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		•	) May Be to Fees
Zip 24	Country 25	Zip <b>29</b>	30	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 🔲 Yes 🗶 No			
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent				10. Name and Address of New R	egister	ed Agent	
GILKISON	n, Bradley J.			81	Name Street Addr	ess (P.O. Box Number is Not Acceptab	<u>[6]</u>	·····	
	TONE CREEK LANE			83		553 (1757 2017 147 147 147 147 147 147 147 147 147 1			
				84	City		F	. 85 Zip	Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authorize	ed by the d	ve-n corpo	amed corpor oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of	changing its re	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent			l Ageni	l signature required	when reinstating:	DATE		
12.		OFFICERS AND DIFECTORS		13.		ADDITIONS/CHANGES TO OFFE	CERS A	ND DIRECTO	RS IN 12
TITLE	<b>PSD</b> □ DELETE		1. 1 T	TLE				☐ Change	☐ Addition
NAME	GILKISON, BRADLEY J.		1.2 N	AME					
STREET ADDRESS	15409 LAKE MAGDALENE BL	V	1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL	F7 65 676		1.4 CITY-S1-ZIP					Prom. 1
TITLE		DELETE	2 1 TITLE					Change	Addition
NAME				2.2 NAME					
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NAME			3.2 N					_ ,	_
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CITY-ST-ZIP			3.4 C	ITY-S	1-ZIP				
TITLE		DELETE	4. <b>1</b> T	ΉE				Change	Addition
NAME			4.2 N	AME					,
STREET ADDRESS			4.3 S	4.3 STREET ADDRESS					
CITY-S1-ZIP		P <sup>20</sup> 0.0.000	ATTI TELEVISION IN THE PARTY OF	ITY-S	T- ZIP				<b>653</b>
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NAME :					1DDDGGG				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	DELETE			5.4 CITY - ST - ZIP 6. 1 TITLE				Change	[ ] Addition
NAME		kul beeck	6.2 N					Lund Stridings	had received
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-S					
	y certify that the information supplied	with this filing is voluntarily furn				or the exemption stated in Section 119.	07(3)(k).	Florida Statut	es. 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 15 if changing, or ontain attachment with an address.

Bradley J. Gilkison 4/29/96
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave

813-968-8740 Daytime Phone #