

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE**
Sandra B. Norman,
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # L21313****(6)**

1. Corporation Name

SANDY THOMAS PRODUCTIONS, INC.**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAY -1 AM 8:18**

Principal Place of Business

**6152 NW 79TH WAY
PARKLAND FL 33067
US**

Mailing Address

**6152 NW 79TH WAY
PARKLAND FL 33067
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/19893a. Date of Last Report
05/01/19944. FEI Number
65-0140628Applied For
☐ Not Applicable5. 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

**CASTELLANO, SANTO
6152 NW 79TH WAY
PARKLAND FL 33067**

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

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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17 CITY - ST - ZIP

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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition**RETURNED BY MAY 1**SIGNATURE: *Santo F. Castellano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature/Name)