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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L65469

(3)

TEMBO PRODUCTIONS NORTH AMERICA, INC.

| Principal Place | e of Business | Mailing Address | | | r amerinet man mande dette metrit metrit midet midet midet after alfte bille ifft | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------|
| 3960 Highway St. Augustini | r ata south e beach fl 32084 | 3980 HIGHWAY A1A SOUTI ST. AUGUSTINE BEACH FL | HIGHWAY A1A SOUTH LIGUSTINE BEACH FL 32084-6940 | | | | |
| | | | | 3. Date Incorporated or Qualified | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | Applied For |
| 1 | 26 | | | | 59-3002200 | ٨ | lot Applicable |
| Suite, Apt. #, etc Suite, Apt. | | Suite, Apt. #, etc. | c. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 2 27 | | | | | C. Certificate of Clates Desired | Fee F | Required |
| City & Stati | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zipi T | Country | <i>Ζ</i> ιρ | Country | ′ | 8. This corporation has liability for | | s. 199.032, |
| | [25] | · · · · Ł · · · · · · · · · · · · · · · | 30 | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | Yes No | |
| | 9. Name and Address of Curren | i Hegistered Agent | 81 | Name | 10. Name and Address of New Re | gistered Agent | ···· |
| LAHTI, BRUCE M. | | | | Name | чагпе | | |
| 3960 HWY A1A SOUTH SUITE A ST. AUGUSTINE BEACH FL 32084 | | | 82 Street Add | | ldress (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| office or r agent. La SIGNATURE | registered agent, or both in the State im familiar with, and accept the obliga | of Frorida, Such change was a itions of, Section 607.0505, Flor | es, the abov uthorized by rida Statute | e-named (/ the corp s. | corporation submits this statement for the poration's board of directors. I hereby accept | urpose of changing of the appointment a | its registere s registered |
| | Signing, Type Consum, discusse of largestering agei | | | ent signature i | equired when reinstating) | DAŤĖ | |
| 2. | OFFICERS AND | | 13. | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFIC | | |
| BLE | D DOOED II D | ∭ D€LETE | 1.1 TITLE | | | L Change | Additio |
| AME | WHITTAKER, ROGER H B | OPERA BOOG ON HOUSE | 1.2 NAME | | | | |
| REET ADDRESS | CUBBERLEY HOUSE, HOMME | GREEN, RUSS-UN-WTE | 1.3 STREET | 1 | | | |
| TV - ST - ZIP TLE | HEREFORDSHIRE EN | DELETE | 1.4 CITY-S 2.1 TITLE | 1-214 | | Change | Additio |
| AME | WHITTAKER, NATALIE | L. J DETECT | 2.1 IIILE 2.2 NAME | | | L Unange | ∟ наопп |
| IREET AODRESS | CUBBERLEY HOUSE, HOMME | COCEN DOSS ON MAN | 2 3 STREET | ADDOCCO | | | |
| TV-SI-76 | HEREFORDSHIRE EN | ONEEN, NOSS-UN-TITE | 2 4 CHY- | | | | |
| til | VASD | DELETE | 3 1 TITLE | 51-2IP | | Change | Additio |
| AME . | LAHTI, BRUCE M. | | 3.2 NAME | | 29 | | nonic |
| THEET ADDRESS | 3960 HWY A1A SOUTH, STE A | 1 | 3 3 STREET | ADDRESS | | | |
| *V-\$1-7/2 | ST AUGUSTINE BCH FL | | 3.4. CITY -: | | | | |
| TILF | S DELETE | | 4.1 TITLE | | | ☐ Change | Additio |
| AME | DRAPOS, ALEXANDER | | 4. 2 NAME | | | <u> </u> | |
| TREET ADDRESS | THE GUARANTY BLDG, 12TH I | FLOOR, 370 MAIN ST | 4.3 STREET | ADDRESS | | | |
| 1TY-ST-7 P | WORCESTER MA | ary ere dominer | 4.4 CiTY - S | | | | |
| TI F | The state of the s | DELETE. | 51 TITLE | | | ☐ Change | Additio |
| AMŁ | | | 5.2 NAME | | | | |
| PREET ADORESS | | | 53 STREET | ADDRESS | | | |
| TY-ST-ZiF | | | 5.4 CITY - S | T-ZIP | | | |
| TLE | | ☐ DELETE | 61 TITLE | | | Change | Additio |
| AME | | | 6.2 NAME | | | | |
| PEET ADORESS | | | 6.3 STREET | ADDRESS | | | |
| ITY-\$1-7.6 | | | 6.4 CITY - S | | | | |
| informatio Lam an ol | m ing pated on this annual report or si | ipplemental annual report is tru the receiver or trusted empowe | ue and acci ered to exec | irate and | ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega sport as required by Chapter 607, Florida S | Leffect as if made in | nder nath: th |