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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L65469

1. Corporation Name

TEMBO PRODUCTIONS NORTH AMERICA, INC.

Principal Place of Business		Mailing Address			1	I latting all and built allie and libu allie allie and allie and allie and				
3960 HIGHWAY ATA SOUTH		3960 HIGHWAY A1A SOUTH			ļ					
ST. AUGUSTINE BEACH FL 32084		ST. AUGUSTINE BEACH FL 32084			}	DO NOT WRITE IN THIS SPACE				
		e			3	Date Incorporated or Qualife		- CITAGE		
					"	04/16/1990				
2 Principal P	Place of Business	2a. Mailing Address			4.	FEI Number		Ι.Α.	Applied For	
		26 1730 Tree Boulevard] "	59-3002200		}_	lot Applicable	
21 1730 Tree Boulevard Suite, Apt. #, etc.		Suite, Apt. #, etc.				·			Additional	
22 Unit 2		27 Unit 2			5.	Certifcate of Status Desired		-	Required	
City & State		City & State			6.	Election Campaign Financing		\$5.00	May Be	
23 St. Augustine, Florida		28 St. Augustine, Florida			"	Trust Fund Contribution	"		I to Fees	
Zip Country		Zip Country			8.	This corporation owes the cu	rrent year Int	angible		
24 32086	25 USA	29 32086	30	USA		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current I	Registered Agent			10.	Name and Address of New	Registered	Agent		
				81 Name		W				
LAHTI, BRUCE M.					t Address (F	is Bruce M. Idress (P.O. Box Number is Not Acceptable)				
3960 HWY A1A SOUTH		. 82				Boulevard				
SUITE A		•		83					ľ	
ST.	AUGUSTINE BEACH FL 32084			84 City	<u>it 2</u>			85 Zip	Code	
	•				August	tine	FL.		086	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	nove-name	cornoration	n submits this statement for th	e purpose of	changing it	s registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was a ns of. Section 607.0505. Flo	uthorized rida Stati	i by the coη ⊔tes.	poration's bo	pard of directors. I hereby acc	ept the appoi	nunem as r	egistered	
=	an farmar war, and adoopt the obligate								ļ	
SIGNATURE										
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered	Agent signature	required when r	einstating)	DATE			
12.	Signature, typed or printed name of registered agent at OFFICERS AND	DIRECTORS	Registered	Agent signature		einstating) ADDITIONS/CHANGES TO C				
12.	OFFICERS AND						FFICERS AN	ID DIRECT		
	OFFICERS AND D WHITTAKER, ROGER H B	DIRECTORS DELETE	13.	n.E						
TITLE	OFFICERS AND	DIRECTORS DELETE	13. 1.1 π 1.2 N/	n.E			FFICERS AN			
TITLE NAME	OFFICERS AND D WHITTAKER, ROGER H B	DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST	T.E ME			FFICERS AN	☐ Change	Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME G	DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST	LE ME REET ADDRESS IY-ST-ZIP			FFICERS AN		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME GI HEREFORDSHIRE EN	DIRECTORS DELETE REEN, ROSS-ON-WYE	13. 1.1 π 1.2 N/ 1.3 ST 1.4 CI	TLE ME REET ADDRESS TY-ST-ZIP TLE			FFICERS AN	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME GI HEREFORDSHIRE EN PD WHITTAKER, NATALIE	DIRECTORS DELETE REEN, ROSS-ON-WYE	13. 1.1 π 1.2 N/ 1.3 S7 1.4 Cr 2.1 π 2.2 N/	TLE ME REET ADDRESS TY-ST-ZIP TLE			FFICERS AN	☐ Change	Addition	
TITLE NAME STREET AOORESS CITY-ST-ZIP TITLE NAME STREET AODRESS	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME GI HEREFORDSHIRE EN PD	DIRECTORS DELETE REEN, ROSS-ON-WYE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST	TLE ME REET ADDRESS IY-ST-ZIP LE ME			FFICERS AN	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME G HEREFORDSHIRE EN PD WHITTAKER, NATALIE CUBBERLEY HOUSE, HOMME G	DIRECTORS DELETE REEN, ROSS-ON-WYE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST	TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP	5	ADDITIONS/CHANGES TO C	FFICERS AN	☐ Change	Addition	
TITLE NAME STREET AOORESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME G HEREFORDSHIRE EN PD WHITTAKER, NATALIE CUBBERLEY HOUSE, HOMME G HEREFORDSHIRE EN VASD	DELETE REEN, ROSS-ON-WYE DELETE REEN, ROSS-ON-WYE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C	TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	VASL	ADDITIONS/CHANGES TO C	FFICERS AN	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME GI HEREFORDSHIRE EN PD WHITTAKER, NATALIE CUBBERLEY HOUSE, HOMME GI HEREFORDSHIRE EN VASD LAHTI, BRUCE M. 3960 HWY A1A SOUTH, STE A	DELETE REEN, ROSS-ON-WYE DELETE REEN, ROSS-ON-WYE	13. 1.1 m 1.2 Nv 1.3 ST 1.4 Cf 2.1 m 2.2 Nv 2.3 ST 2.4 Cf 3.1 Tf 3.2 Nv 3.3 ST	TLE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME	VASL Lahti 1730.	ADDITIONS/CHANGES TO C , Bruce M. Tree Boulevard, L	Init 2	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME G HEREFORDSHIRE EN PD WHITTAKER, NATALIE CUBBERLEY HOUSE, HOMME G HEREFORDSHIRE EN VASD LAHTI, BRUCE M.	DELETE REEN, ROSS-ON-WYE DELETE REEN, ROSS-ON-WYE	13. 1.1 m 1.2 Nv 1.3 ST 1.4 Cf 2.1 m 2.2 Nv 2.3 ST 2.4 Cf 3.1 Tf 3.2 Nv 3.3 ST	TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	VASL Lahti 1730.	ADDITIONS/CHANGES TO C	Init 2	☐ Change	Addition Addition	
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6.3 STREET ÄDDRESS

SIGNATURE:

STREET ADDRESS 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 aprilual report is the 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 receiper or trustee employeered 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 appear with an address, with all other like empowered.