

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90085 035 ***150.00

DOCUMENT # L65469

1. Corporation Name

TEMBO PRODUCTIONS NORTH AMERICA, INC.



Principal Place of Business

**3960 HIGHWAY A1A SOUTH
ST. AUGUSTINE BEACH FL 32084**

Mailing Address

**3960 HIGHWAY A1A SOUTH
ST. AUGUSTINE BEACH FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1990

4. FEI Number

59-3002200

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1730 Tree Boulevard

Suite, Apt. #, etc.

22 Unit 2

City & State

23 St. Augustine, Florida

Zip

24 32086

Country

25 USA

2a. Mailing Address

26 1730 Tree Boulevard

Suite, Apt. #, etc.

27 Unit 2

City & State

28 St. Augustine, Florida

Zip

29 32086

Country

30 USA

9. Name and Address of Current Registered Agent

**LAHTI, BRUCE M.
3960 HWY A1A SOUTH
SUITE A
ST. AUGUSTINE BEACH FL 32084**

10. Name and Address of New Registered Agent

81 Name

Lahti, Bruce M.

82 Street Address (P.O. Box Number is Not Acceptable)

1730 Tree Boulevard

83

Unit 2

84 City

St. Augustine

FL

85 Zip Code

32086

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

TITLE **D** ☐ DELETE
NAME **WHITTAKER, ROGER H B**
STREET ADDRESS **CUBBERLEY HOUSE, HOMME GREEN, ROSS-ON-WYE**
CITY-ST-ZIP **HEREFORDSHIRE EN**

TITLE **PD** ☐ DELETE
NAME **WHITTAKER, NATALIE**
STREET ADDRESS **CUBBERLEY HOUSE, HOMME GREEN, ROSS-ON-WYE**
CITY-ST-ZIP **HEREFORDSHIRE EN**

TITLE **VASD** ☐ DELETE
NAME **LAHTI, BRUCE M.**
STREET ADDRESS **3960 HWY A1A SOUTH, STE A**
CITY-ST-ZIP **ST AUGUSTINE BCH FL**

TITLE **S** ☐ DELETE
NAME **DRAPOS, ALEXANDER**
STREET ADDRESS **THE GUARANTY BLDG, 12TH FLOOR, 370 MAIN ST**
CITY-ST-ZIP **WORCESTER MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VASD** ☒ Change ☐ Addition
3.2 NAME **Lahti, Bruce M.**
3.3 STREET ADDRESS **1730 Tree Boulevard, Unit 2**
3.4 CITY-ST-ZIP **St. Augustine, Florida 32086**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99

904-804-4772

CR2E034 (1/1/98)