

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

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Apr 23 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|
| DOCUMENT # L81334 (9) | | | |
| 1. Corporation Name REAL PRODUCTIONS, INC. | | | |
| Principal Place of Business 12847 66TH ST., N. LARGO FL 34643 US | | Mailing Address 12847 66TH ST., N. LARGO FL 33773-1806 US | |
| 2. Principal Place of Business 21 132 E. Broadway St. Suite, Apt. #, etc. 22 Brook, IN City & State 23 47922 USA Zip Country 24 47922 25 USA | | 2a. Mailing Address 26 P.O. Box 388 Suite, Apt. #, etc. 27 Brook, IN City & State 28 47922 U.S.A. Zip Country 29 47922 30 U.S.A. | |
| 3. Date Incorporated or Qualified 06/19/1990 | | 3a. Date of Last Report 05/23/1996 | |
| 4. FEI Number 59-3039406 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent LIND, ROY E., JR. 12847 66TH ST. N. LARGO FL 34643 | | 10. Name and Address of New Registered Agent 81 Name DAVID P. LIND 82 Street Address (P.O. Box Number is Not Acceptable) 12847 66th St. N 83 84 City Largo FL 85 Zip Code 33773 | |
| 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] (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D <input checked="" type="checkbox"/> DELETE NAME LIND, ROY E., JR. STREET ADDRESS 12847 66TH ST. N CITY-ST-ZIP LARGO FL 34643 | | 1.1 TITLE AGENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME DAVID P. LIND 1.3 STREET ADDRESS 12847 66th St. N. 1.4 CITY-ST-ZIP LARGO, FL 33773 | |
| TITLE BM <input type="checkbox"/> DELETE NAME MARSH, DEBORAH D STREET ADDRESS 132 E BROADWAY CITY-ST-ZIP BROOK IN 47922 | | 2.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME MARSH, DEBORAH D 2.3 STREET ADDRESS 132 E BROADWAY 2.4 CITY-ST-ZIP BROOK, IN 47922 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
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| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |



SIGNATURE:

[Signature] **Deborah D. Marsh** 3/27/97 219-275-6553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)