**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/21/95--01046--019
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # L89828

1. Corporation Name
LDB Productions Inc.

Principal Place of Business
4155 Dow Rd Ste M.
W Melbourne, Fl. 32934

Mailing Address
SAME

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 5/94

2. Principal Place of Business
21 4155 DOW RD. Ste. M
22 Suite, Apt #, etc: Ste. M
23 City & State: W. Melbourne
24 Zip: 32934 25 Country:

2a. Mailing Address
26 SAME
27 Suite, Apt #, etc: SAME
28 City & State: FL.
29 Zip: 32934 30 Country: BREVARD

4. FEI Number: 59-3024968
☐ 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 has liability for intangible tax under § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SAUTER KURT T.

10. Name and Address of New Registered Agent

81 Name: SAUTER KURT T.
82 Street Address (P.O. Box Number is Not Acceptable): 703 E. New Haven Ave.
83
84 City: Melbourne FL 85 Zip Code: 32901

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 * _____ DATE
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P/T/C | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BARRIAULT, LOUISE J. | 12 NAME | |
| STREET ADDRESS | 1735 Pine Valley Dr. | 13 STREET ADDRESS | |
| CITY-ST ZIP | Melbourne, FL. 32935 | 14 CITY ST ZIP | |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BARRIAULT, LOUISE J. | 22 NAME | |
| STREET ADDRESS | 1735 Pine Valley Dr. | 23 STREET ADDRESS | |
| CITY-ST ZIP | Melbourne, FL 32935 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

6/20/95 MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Louise J Barriault 5/19/95 (407) 254-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #