

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M10043
1. Corporation Name
VENTURE PRODUCTIONS, INC.

(1)



Principal Place of Business
2095 NORTH ANDREWS AVENUE
POMPAÑO BEACH FL 33069

Mailing Address
2095 NORTH ANDREWS AVENUE
POMPAÑO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1985

4. FEI Number

59-2485345

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

S.G. MIAMI SERVICE CORP.
14TH FLOOR
801 BRICKELL AVENUE
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 DV
NAME COURTELIS, PAN
STREET ADDRESS 16505 N.W. 13TH AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DP
NAME DUFFY, JAMES A
STREET ADDRESS 16505 N.W. 13TH AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DS
NAME DUFFY, KRISTINA L
STREET ADDRESS 16505 N.W. 13TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 2095 N. Andrews Ave.
1.3 STREET ADDRESS 2095 N. Andrews Ave.
1.4 CITY-ST-ZIP Pompano Beach, FL 33069



Change

☐ Addition

2.1 TITLE
2.2 NAME 2095 N. Andrews Ave.
2.3 STREET ADDRESS Pompano Beach, FL 33069
2.4 CITY-ST-ZIP



Change

☐ Addition

3.1 TITLE
3.2 NAME 2095 N. Andrew Ave.
3.3 STREET ADDRESS Pompano Beach, FL 33069
3.4 CITY-ST-ZIP



Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP



Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP



Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP



Change

☐ Addition

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.

SIGNATURE:

[Signature]

3/25/98

CR2E034 (10/97)