## 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

## **DOCUMENT # M10043**

1. Corporation Name

VENTURE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

2095 NORTH ANDREWS AVENUE POMPANO BEACH FL 33069

2. Principal Place of Business

14.5

Suite, Apt. #, etc.

City & State ^ -

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Zip

2095 NORTH ANDREWS AVENUE POMPANO BEACH FL 33069

Mailing Address

Suite, Apt. #, etc.

City & State

2a.

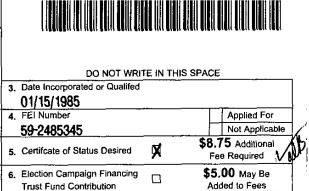
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## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90060 006 \*\*\*158.75



Country This corporation owes the current year Intangible Country Zip □No ☐ Yes 25 30 Personal Property Tax. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name S.G. MIAMI SERVICE CORP. Street Address (P.O. Box Number is Not Acceptable) 82

14TH FLOOR **801 BRICKELL AVENUE MIAMI FL 33131** 

_	to the company of changing its registers	آمد
1.	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 his register e	30
•	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	
	blinds of registered agent, of both, in the state of holids, odd change was authorized by the corporation board of the corporation between the corporation b	
	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	

83

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	istered Agent signature re	equired when reinstating)		DATE	·		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DV DELI	ETE	1.1 TITLE				☐ Change	Addition	
NAME	COURTELIS, PAN		1.2 NAME						
STREET ADDRESS	2095 N. ANDREWS AVE		1.3 STREET ADDRESS				ě.		
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP						
TITLE	<b>DP</b> □ DELI	ETE .	2.1 TITLE				Change	Addition	
NAME	DUFFY, JAMES A		2.2 NAME						
STREET ADDRESS	2095 N. ANDREWS AVE	1	2.3 STREET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL 33069		2. 4 CITY-ST-ZIP						
TITLE	DS DEL	ETE .	3.1 TITLE				Change	Addition	
NAME	DUFFY, KRISTINA L		3.2 NAME						
STREET ADDRESS	2095 N ANDREW AVE	í	3.3 STREET ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL 33069		3.4. CITY-ST-ZIP						
TITLE	· DEL	ETE	4.1 TITLE				☐ Change	Addition	
NAME.			4. 2 NAME						
STREET ADDRESS	, ·		4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE	□ DEL	ETE.	5.1 TITLE				Change	Addition	
NAME	,		5.2 NAME		•				
STREET ADDRESS			5.3 STREET ADDRESS		:,-		, ,		
CITY-ST-ZIP		-	5.4 CITY-ST-ZIP		<u> </u>	<u> </u>			
TITLE	☐ DEL	ETE	6.1 TITLE				☐ Change	Addition Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
			64 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 eceiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR