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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M24162

1. Corporation Name

	E PRODUCTIONS INC.									
Principal Place	of Business	Mailing Address			<del></del>	† 108(B4)(4 ((# !))	III QIDDI IXDU DA		<b>1611 019</b> 14 <b>6</b> 1641	DIDIC AFAST (44)
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9274 S.W. 8 TE MIAMI FL 33174		BOX 441970 MIAMI FL 33144-1970								
US						DO NOT WRITE IN THIS SPACE				
					1	ate Incorporated	l or Qualifed			
						<u> 2/04/1985_</u>				<del></del> -
2. Principal P	lace of Business	2a. Mailing Address			I	El Number			<u>-</u>	pplied For
21		26				9-2608227_		·		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. 0	ertifcate of Statu	ıs Desired			Additional lequired
22		27 City & State								<del></del>
City & State	8	<b>├</b> ──			1	lection Campaignust Fund Contril				May Be to Fees
Zip	Country	Zip	Cour	ntrv		his corporation of		ent year int		10 1 000
<del>-</del>	25	29	30	,	- 1	riis corporation o Personal Property		ent year int	∐ Yes	□No
24	9. Name and Address of Curren		1301			lame and Addre		Registered	Agent	
	1 2			81 Name	DANI	BAGG	2015			
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<b>√30,15</b>	SW 20TH ST.		ĺ	82 Street /	Address (P.C	). Box Number is	Not Accepta	able)		
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11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	utes, the ab	ove-named	corporation s	submits this state	ment for the	purpose of	changing its	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Suich change was	authorized	by the corno	oration's boa	rd of directors. I i	hereby accep	pt the appoi	ntment as re	egistered
ayeni. i a	m laminal with, and accept the bunga									
				103.						
SIGNATURE	Signature, typed or printed name of registered ager				equired when rein	stating)		DATE		<del></del> _
	Signature, typed or printed name of registered ager					stating) DDITIONS/CHAN	GES TO OF			
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	TE: Registered /	Agent signature re			GES TO OF		ND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOT	TE: Registered A	Agent signature re			GES TO OF			
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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 of the receiver of 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 one analyshmen with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: NOT TYPED OR PRINTED NAME OF SIGNING OFFICE