FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # M40326 Corporation Name FASTFORWARD PRODUCTIONS, INC. Principal Place of Business Mailing Address 1061 MAITLAND CENTER COMMONS 1061 MAITLAND CENTER COMMONS MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1986 04/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2762245 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired TV 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Ζıρ Country 8. This corporation has liability for intenging 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Matthew MATTHEW, AGNEW J 82 nber is Not Acceptable) 938 VINERIDGE RUN #6-211 5120 REBECCA CT. 63 ORLANDO FL 32810 84 City 32810 ø 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 SIGNATURE SIGNATURE SIGNATURE ted name of registered agent and tille if al. (NOTE: Registered Agent signature required when reinstaling) 12 CR2E034 (12/95) OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VSD TITLE ☐ DELETE 1. 1 TITLE ☐ Change Addition AGNEW, JAMES M. NAME 1.2 NAME 6065 EUREKA RD. STREET ADDRESS 1.3 STREET ADDRESS SHOREWOOD MN CiTY-ST-ZIP 1.4 CITY-ST-ZIP PTD TITLE DELETE 2 1 TITLE The Change ☐ Addition MATTHEW, AGNEW J NAME T. Matthew 2.2 NAME new. 5120 REBECCA CT. 6016 Modnitel Ct STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CITY - ST-ZIP TITLE DELETE 3. 1 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-2IP 3.4 CITY-ST-ZIP TITLE DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THUE DELETE 6 1 TITLE ☐ Change ■ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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)(k). Florida Statutes. I further certify that the information indicated on this angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the exporation 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 giarged or on an attachment with an address.

SIGNATURE:

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