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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M54278** **(0)**

1. Corporation Name
JOSEPH H. KANTER PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH H. KANTER 3550 BISCAYNE BLVD #504 MIAMI FL 33137	C/O KANTER CORP 4700 ASHWOOD DR., #400 CINCINNATI OH 45241-2467 US

3. Date Incorporated or Qualified: 06/22/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 7759 Montgomery Rd.
Suite, Apt. #, etc. 27 Suite 3
City & State 28 Cincinnati, Ohio
Zip 29 45236 Country 30 Hamilton

4. FEI Number: 59-2825289 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KANTER, JOSEPH H.
3550 BISCAYNE BLVD #504
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KANTER, JOSEPH H.		1.2 NAME		
STREET ADDRESS	3550 BISCAYNE BLVD #504		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KANTER, NANCY R.		2.2 NAME		
STREET ADDRESS	3550 BISCAYNE BLVD #504		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KANTER, JOHN E(RECORDING		3.2 NAME		
STREET ADDRESS	3550 BISCAYNE BLVD #504		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ADLER, FRED H		4.2 NAME		
STREET ADDRESS	4700 ASHWOOD DR., #400		4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, HAROLD		5.2 NAME		
STREET ADDRESS	3550 BISCAYNE BLVD #504		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, LAWRENCE		6.2 NAME		
STREET ADDRESS	3550 BISCAYNE BLVD #504		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: J. K. Adler