


FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90038 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # M57786 1. Corporation Name T.L.C. PRODUCTIONS, INC.																																																																																																																																																					
Principal Place of Business 14833 NE 20TH AVE. N. MIAMI FL 33181 US			Mailing Address 14833 NE 20TH AVE. N. MIAMI FL 33181 US																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/21/1987 4. FEI Number 59-2836333 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
8. Name and Address of Current Registered Agent MATHEWS, TIMOTHY 14833 NE 20TH AVE. N. MIAMI FL 33181			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 <u>Timothy Mathews, Chairman</u> DATE <u>1-11-99</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KIRK, TERRANCE W.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14833 NE 20TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>OLIVER, E. VERNON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14833 NE 20TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MATHEWS, TIMOTHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14833 NE 20TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CASSIDY, TERRELE S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14833 NE 20TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. MIAMI FL 33181</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SPECCHIO, MICHAEL J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14833 NE 20TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. MIAMI FL 33181</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PR	<input type="checkbox"/> DELETE	NAME	KIRK, TERRANCE W.		STREET ADDRESS	14833 NE 20TH AVE.		CITY-ST-ZIP	N. MIAMI FL		TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME	OLIVER, E. VERNON		STREET ADDRESS	14833 NE 20TH AVE.		CITY-ST-ZIP	N. MIAMI FL		TITLE	CD	<input type="checkbox"/> DELETE	NAME	MATHEWS, TIMOTHY		STREET ADDRESS	14833 NE 20TH AVENUE		CITY-ST-ZIP	N. MIAMI FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	CASSIDY, TERRELE S.		STREET ADDRESS	14833 NE 20TH AVE.		CITY-ST-ZIP	N. MIAMI FL 33181		TITLE	D	<input type="checkbox"/> DELETE	NAME	SPECCHIO, MICHAEL J.		STREET ADDRESS	14833 NE 20TH AVE.		CITY-ST-ZIP	N. MIAMI FL 33181		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>PRESIDENT</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>KIRK, TERRANCE W.</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>14833 NE 20TH AVE</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>N MIAMI FL</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	KIRK, TERRANCE W.		1.3 STREET ADDRESS	14833 NE 20TH AVE		1.4 CITY-ST-ZIP	N MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE	PR	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	KIRK, TERRANCE W.																																																																																																																																																				
STREET ADDRESS	14833 NE 20TH AVE.																																																																																																																																																				
CITY-ST-ZIP	N. MIAMI FL																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	OLIVER, E. VERNON																																																																																																																																																				
STREET ADDRESS	14833 NE 20TH AVE.																																																																																																																																																				
CITY-ST-ZIP	N. MIAMI FL																																																																																																																																																				
TITLE	CD	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	MATHEWS, TIMOTHY																																																																																																																																																				
STREET ADDRESS	14833 NE 20TH AVENUE																																																																																																																																																				
CITY-ST-ZIP	N. MIAMI FL																																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	CASSIDY, TERRELE S.																																																																																																																																																				
STREET ADDRESS	14833 NE 20TH AVE.																																																																																																																																																				
CITY-ST-ZIP	N. MIAMI FL 33181																																																																																																																																																				
TITLE	D	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	SPECCHIO, MICHAEL J.																																																																																																																																																				
STREET ADDRESS	14833 NE 20TH AVE.																																																																																																																																																				
CITY-ST-ZIP	N. MIAMI FL 33181																																																																																																																																																				
TITLE		<input type="checkbox"/> DELETE																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
1.2 NAME	KIRK, TERRANCE W.																																																																																																																																																				
1.3 STREET ADDRESS	14833 NE 20TH AVE																																																																																																																																																				
1.4 CITY-ST-ZIP	N MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
2.2 NAME																																																																																																																																																					
2.3 STREET ADDRESS																																																																																																																																																					
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
3.2 NAME																																																																																																																																																					
3.3 STREET ADDRESS																																																																																																																																																					
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
4.2 NAME																																																																																																																																																					
4.3 STREET ADDRESS																																																																																																																																																					
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
5.2 NAME																																																																																																																																																					
5.3 STREET ADDRESS																																																																																																																																																					
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
6.2 NAME																																																																																																																																																					
6.3 STREET ADDRESS																																																																																																																																																					
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 305-944-9424
 Date Daytime Phone #

CR2E034 (1/1/98)