FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M8

1. Corporation Name

M85731

(1)

GOLD COAST PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

% CREATIVE TELEVISION COMMUNICATION 8903 GLADES ROAD. SUITE L-9116 BOCA RATON FL 33434 % CREATIVE TELEVISION COMMUNICATION 8903 GLADES ROAD, SUITE L-9116 BOCA RATON FL 33434



BOOK NATON PL 33434					3. Date incorporated or Qualified		of Last R	•	
A District Dis	and Dissipan	Les Marris Antalassa				06/13/1988 4. FEI Number	<u> </u>	i/01/191	
2. Principal Pla	_	2e. Mailing Address 26 650 W. Hi	11 Sho	m A	ממו			h	Applied For Not Applicable
Suite, Apt. #	D. Hillsboro Blud	Suite, Apt. #, etc.	ארוו	ט. טא	עעיי		···		Additional
22	360 27 360					Certificate of Status Desired			Required
City & State	rfield, Beach?	City & State	10.1	Sepal	H	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
24 334	dountry 5A	20 a. (1)	Countr 30	456	7	This corporation has liability for it Florida Statutes Yes		x under s	199.032,
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
			B1	Name			. T	. T 	
POTTS, JOHN W. 82 Street Addres					Addros	ss (P.O. Box Number is Not Acceptable			
9528 BOCA RIVER CIRCLE					Address (F.O. Dox Normber is Not Acceptable)				
BOCA RATON FL 33434				B3					
			84	City			C 1	85 Zi	p Code
11 Pursuant to	the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above	named co	ornoral	ion submits this statement for the num	FL	naina ita r	registered office
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 _	Signature, typed or printed name of registered agent a	and talls if applicable BIOTE.	Davistand An			vhen reinstating)	DATE		
12.	OFFICERS AND		13.	an signature i	еданеа м	ADDITIONS/CHANGES TO OFFI		DIRECTO	IBS IN 12
TITLE	P	DELETE	1. 1 TITLE		Γ	ADDITIONS/OFFANGES TO OFFI		7 Change	Addition
NAME	POTTS, JOHN W.		1.2 NAME					_i o.uango	
STREET ADDRESS	9528 BOCA RIVER CIRCLE			T ADDRESS					
CHY-ST-ZIP	BOCA RATON FL								
TITLE	ST	[] DELETE	1.4 CITY- 2 1 TITLE		ļ		г	7 Change	[Addition
NAME	POTTS, LAUREN		22 NAME				L		Addition
STREET ADDRESS	9528 BOCA RIVER CIRCLE			T ADDRESS					
CITY-ST-ZIP	DOOL DITOUT!		24 CITY-						
TITLE			3 1 TITLE					7 Change	☐ Addition
NAME		<u>_</u>	32 NAME						
STREET ADDRESS				ET ADDRESS					
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TITLE		☐ DELETE	4. 1 TITLE		 		F	Change	☐ Addition
NAME			4 2 NAME				_		_
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-						
1HLE		☐ DELETE	5 1 TITLE					Change	Addition
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STREET ADDRESS			53 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
11TLE		☐ DELETE	6. 1 TITLE] Change	☐ Add₁tion
NAME			62 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-S!-ZIP			6.4 CITY-	ST - ZIP					
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily furnish	-		lify for	the exemption stated in Section 119.0	07(3)(k), Flo	rida Statut	es. I further

4. To hereby certify that the information indicated on this annual report or supplemental annual eport 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 trusted 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:

JULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 467 457 2707