## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N16121

(8)

RED BASS PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
C/O THOMAS J. MURPHY	C/O THOMAS J. MURPHY

**FILED** May 09 1997 8:00am Secretary of State

2. Principal Place of Business		<u> </u>	JARA BARBIN BIRBAN BIRBA	<b>aci horu gilo</b> i hole ihool ii				Address  /O THOMAS J. MURPHY  S. W. 28TH STREET  ENV YORK BY 1000 4100		MURPHY EET	rincipal Place /O THOMAS J IS-W: 28TH ST
373 Broadway F-19   59-2348891	eport 1 <b>96</b>	07/30/1986 05/21/1996					EW YORK NY 10001-8103.		1991~-	ew York NY-	
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28		\$5.00 A Added to			I -		13	City & State 100		10013	City & State
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KIRCHNER, CHRIS 6831 SW 77TH TERRACE MIAMI FL 33143  84 City FL 65 Zip 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. Jam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, lyped or printed name of impetered agent and life if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP NAME AUGUST AND OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. TITLE OFFICERS AND DIRECTORS NEW ORLEANS LA 16. CITY-ST-ZIP TITLE OFFICERS AND DIRECTORS 16. CHANGE OFFICERS AND DIRECTORS 16. CHANGES CITY-ST-ZIP NEW ORLEANS LA 24.3 CITY-ST-ZIP TITLE DELETE 17. TITLE CHANGE CITY-ST-ZIP TITLE OFFICERS AND DIRECTORS 17. ST-ZIP TITLE OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY-ST-ZIP TITLE OFFICERS AND DIRECTORS CITY-ST-ZIP TITLE OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY-ST-ZIP TITLE OFFICERS AND ARCHARD AND		nt	istered Agent	Address of New Reg	10. Name and A			stered Agent	d Address of Current Re	9. Name and	
6831 SW 77TH TERRACE MIAMI FL 33143  84 City FL 85 Zip 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature: typed or printed name of registered agent and life if applicable   (NOTE Registered Agent algorithm required when reinstating)   DATE						Name	81				
MAMI FL 33143  ## City FL 85 Zip  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE   Signature, typed or printed name of registered agent and littil #applicable   INOTE Registered agent algorithms required when refiniteling)   DATE			e)	ber is Not Acceptable	ess (P.O. Box Numb	Street Addre	62		ACE		
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_