FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33703 (2)

1. Corporation Name

LOFT PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
THE LOFT THEATRE 1441 FLETCHER AVE. E., STE. 2425 TAMPA FL 33612-8809	THE LOFT THEATRE 1441 FLETCHER AVE. E., STE. 2425 TAMPA FL 33612-8809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1989
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-2971883 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 THE LOFT THEATRE	26 THE LOFT THEATRE
Suite, Apt. #, etc. 22 1441 FLETCHER AVE. E STE 2450	Suite, Apt. #, etc. 27 1441 FLETCHER AVE. E STE 2450
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33612-8809 Country 25 HILLSBOROUGH	Zip 29 33612-8809 Country 30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

O'HARA, DAVID K
12207 CHRISTEN CT.
TAMPA FL 33612

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: Keith A. Elias Treasurer — 02-16-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	POB - D.	11 TITLE	800001420688	☐ Change ☐ Addition
NAME	GABBERT, KARA	12 NAME	-03/03/95--01043--018	
STREET ADDRESS	490 FIRST AVE., S.	13 STREET ADDRESS	****130.00 ****130.00	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	TREASURER - D	☒ Change ☐ Addition
NAME	JURISTO, EVE	22 NAME	KEITH ELIAS	
STREET ADDRESS	4010 BOY SCOUT BLVD., STE. 700	23 STREET ADDRESS	1480Z N. FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	LINIGER, MARY	32 NAME	DELETE	
STREET ADDRESS	1021 E. CAYUGA	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	PRESIDENT ELECT - D	☐ Change ☒ Addition
NAME		42 NAME	BARRY LEVINE	
STREET ADDRESS		43 STREET ADDRESS	6705 PEACH TREE DRIVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	3/2/95 MF	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Keith A. Elias Treasurer — 02-16-95 — 813/265-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Keith A. Elias Treasurer

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