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 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39759** **(8)**

1. Corporation Name
THE PHOENIX PRODUCTION COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
THE PHOENIX THEATRE 617 EAST STRAWBRIDGE AVE. MELBOURNE FL 32901 US	P.O. BOX 360772 MELBOURNE FL 32936 US

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3023631 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FAIRBANKS, RODNEY 1670 TUERS RD MELBOURNE FL 32935	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	LOSASSO, SUSAN	1.2 NAME	RODNEY, FAIRBANKS	
STREET ADDRESS	34 DERBY STREET	1.3 STREET ADDRESS	1670 TUERS RD	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	MELBOURNE, FL	
TITLE	DT	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, ROBERT	2.2 NAME		
STREET ADDRESS	268 PARKHILL BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	FAIRBANKS, NANCY	3.2 NAME		
STREET ADDRESS	1670 TUERS RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DENNIS, NANCY	4.2 NAME		
STREET ADDRESS	372 DOVER ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FAIRBANKS, RODNEY	5.2 NAME		
STREET ADDRESS	1670 TUERS RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, BARBARA	6.2 NAME		
STREET ADDRESS	3730 HARDWOOD CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	6.4 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: Rodney D. Fairbanks 4/13/95 (407) 952-7192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RODNEY D. FAIRBANKS

0030030