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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:24

DOCUMENT # N47515 (4)

1. Corporation Name
SPECIAL SUNDANCE STUDIOS, INCORPORATED

Principal Place of Business	Mailing Address
1206 SAPULPA RD. S.W. PALM BAY FL 32908-6801	1206 SAPULPA RD. S.W. PALM BAY FL 32908-6801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3024413 ☐ 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	26
Suite, Apt. #, etc.: 22 4165 Dow Rd. S.W.	Suite, Apt. #, etc.: 27
City & State: 23 Melbourne, Fl.	City & State: 28
Zip: 24 32934 Country: 25 Brevard	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

VAWTER, NORENE
1206 SAPULPA RD. S.W.
PALM BAY FL 32908-6801

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: Norene Vawter DATE: Jan 23, 1995
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VAWTER, NORENE	1.2 NAME	
STREET ADDRESS	1206 SAPULPA RD. S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 01	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CRANE, ELAINE	2.2 NAME	
STREET ADDRESS	1471 BREEZE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	TODISCO, CAROLE	3.2 NAME	
STREET ADDRESS	109 BAY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, JO	4.2 NAME	
STREET ADDRESS	285 CORAL WAY W	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	TODISCO X delete	5.2 NAME	
STREET ADDRESS	109 BAY DR	5.3 STREET ADDRESS	delete Todisco
CITY-ST-ZIP	INDIAN HARBOR BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Norene Vawter Norene Vawter Jan 23, 1995 407-857-6765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037000