# 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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003764 (8)**

1. Corporation Name
**HIGHER AUTHORITY PRODUCTIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~9401 COLLINS AVE~~<br>~~SUITE 314~~<br>~~SURFSIDE FL 33154~~<br>~~US~~ | ~~9401 COLLINS AVE~~<br>~~SUITE 314~~<br>~~SURFSIDE FL 33154~~<br>~~US~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 01/28/1994
4. FEI Number: 65-0434989 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9500 Collins Ave. | 26 9500 Collins Ave |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Surfside, FL | City & State<br>28 Surfside, FL |
| Zip / County<br>24 33154 / 25 USA | Zip / County<br>29 33154 / 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**

LEVINE, JERROD
~~9401 COLLINS AVE~~
SURFSIDE FL 33154

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9500 COLLINS AVE
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 mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | SHERIDAN, MARK | 12 NAME | | |
| STREET ADDRESS | 801 BRICKELL SQ, 9TH FL | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | | |
| TITLE | EBM | 21 TITLE | D | ☐ Change ☐ Addition |
| NAME | LIPSKAR, SHOLOM R | 22 NAME | | |
| STREET ADDRESS | ~~9445 HARDING AVE~~ | 23 STREET ADDRESS | 9500 Collins Ave | |
| CITY-ST-ZIP | SURFSIDE FL | 24 CITY-ST-ZIP | | |
| TITLE | EBC | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | SHEINBERG, STEVEN | 32 NAME | | |
| STREET ADDRESS | 801 BRICKELL SQ, 9TH FL | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | | |
| TITLE | S | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | SREDNJ, ERWIN | 42 NAME | | |
| STREET ADDRESS | 3049 NE 163 ST | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | N MIAMI BCH FL | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | Janice Upton | 52 NAME | | |
| STREET ADDRESS | 655 Ocean Blvd. | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | Golden Beach, FL 33160 | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | Dr. Mitchell Shapiro | 62 NAME | | |
| STREET ADDRESS | University of Miami - School of Communication | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | Coral Gables, FL 33124-2030 | 64 CITY-ST-ZIP | | |

**REMITTED BY MAY 1**

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: x _____ x 11/28/95 x 867-1414
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0004338