


FILE NOW: FILING FEE IS \$61.25

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Jun 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005342 (8)**

1. Corporation Name

**JUBILANT PRODUCTIONS, INC.**



Principal Place of Business	Mailing Address
<b>2809 BYINGTON CIRCLE TALLAHASSEE FL 32303</b>	<b>2809 BYINGTON CIRCLE TALLAHASSEE FL 32303-2503</b>

3. Date Incorporated or Qualified <b>10/17/1996</b>	3a. Date of Last Report <b>10/17/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 <b>2909 Byington Circle</b>	26 <b>P.O. Box 3491</b>		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>Tallahassee, Florida</b>	28 <b>Tallahassee, Florida</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>32303</b>	25 <b>USA</b>	29 <b>32303</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>COLSTON, DELORES A 2809 BYINGTON CIRCLE TALLAHASSEE FL 32303</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE *Deloris Colston* DATE **4-28-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Betty Dean-Hightower</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1415 D. Willowbend Way</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Mathe Harris</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1031 W Delaware St</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32304</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Brent Burton</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1630 Balkin Road</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>C/M/D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Deloris Colston</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2909 Byington Cir.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Tallahassee FL 32303</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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 *Deloris Colston* DATE **4/29/97**

CR2E037 (9/96)