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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004529 (0)

1. Corporation Name

RAPTURE PRODUCTIONS CORPORATION



Principal Place of Business 716 NORTH MONROE ST TALLAHASSEE FL 32303	Mailing Address 716 NORTH MONROE ST TALLAHASSEE FL 32303
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3. Date Incorporated or Qualified  
08/11/1997

4. FEI Number 59-3465375	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, STEVEN P  
716 NORTH MONROE ST  
TALLAHASSEE FL 32303

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

Signature, typed 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	PS - Treasurer	1.1 TITLE	
NAME	GRAHAM, STEVEN P	1.2 NAME	
STREET ADDRESS	716 NORTH MONROE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
TITLE	V.P. - Secretary	2.1 TITLE	
NAME	Benjamin Scott Glass	2.2 NAME	
STREET ADDRESS	47 Harvey Mill Rd	2.3 STREET ADDRESS	Crawfordville Fla 32326
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Director	3.1 TITLE	
NAME	Mitch Graham	3.2 NAME	
STREET ADDRESS	1244 East Ave (R-4)	3.3 STREET ADDRESS	Palm Dale, Ca. 93550
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Director	4.1 TITLE	
NAME	Dwayne Marriha Alley	4.2 NAME	
STREET ADDRESS	Rt 1 Box 126 C	4.3 STREET ADDRESS	Monticello, Fla 32344
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	
NAME	Mike Crew	5.2 NAME	
STREET ADDRESS	7485 Southern Country Lane	5.3 STREET ADDRESS	Tallahassee, Fla 32303
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Steven P. Graham* 1-3-98 (880 297 6215)

CR2E037 (10/97)