FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17443** **(3)**

1. Corporation Name
LIBERTY PRODUCTIONS, INC.

Principal Place of Business:
8170 ADAMS DR. 2ND FL.
P.O.BOX 4097
HUMMELSTOWN PA 17036
US

Mailing Address:
119 ASTER DRIVE
P.O.BOX 4097
HARRISBURG PA 17111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 e
22 Suite, Apt. #, etc.: 8170 Adams Drive	27 Suite, Apt. #, etc.: 8170 Adams Drive
23 City & State: Hummelstown, PA	28 City & State: Hummelstown, PA
24 Zip: 17036 / 25 County: Dauphin	29 Zip: 17036 / 30 County: Dauphin

3. Date Incorporated or Qualified: 12/30/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 23-2075682 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOHLUST, G. CHARLES
230 LOOKOUT PLACE
MAITLAND FL 32751

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LILLEY, ROBERT D.
STREET ADDRESS	1184 DRAYMORE CT
CITY-ST-ZIP	HUMMELSTOWN PA
TITLE	SD
NAME	LILLEY, BRYAN S.
STREET ADDRESS	1184 DRAYMORE CT.
CITY-ST-ZIP	HUMMELSTOWN PA
TITLE	TD
NAME	HANAWALT, RALPH W
STREET ADDRESS	RD 1
CITY-ST-ZIP	MCALISTERVILLE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition (blank entries)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph W Hanawalt 4-29-95 717-566-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0485172 FN