SECOND NOTICE: [illegible] ACCOUNT DUE ON OR BEFORE 8/1/95. $225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE $400

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 JUL 28 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733275 (9)

1. Corporation Name
John Shawn Productions, Inc

Principal Place of Business	Mailing Address
129 Sea Colt Ave Manasquan NJ 08736	129 Sea Colt Ave Manasquan NJ 08736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3-21-1991
3a. Date of Last Report: 4-21-1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 22-2171016 3 — ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Faulkenbury, Dawn L
2609 E. Church St
Orlando, Florida
32803

10. Name and Address of New Registered Agent
81 Name: Matt Elchand
82 Street Address (P.O. Box Number is Not Acceptable): 6185 Westgate #304
83
84 City: Orlando FL 85 Zip Code: 32835

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: Matthew T. Eglehoff
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CP Dawkin, John Shawn 129 Sea Colt Avenue Manasquan, NJ 08736	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 800001550778 -08/01/95--01055--016 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Simonson, Cathy 113 Peterson Lane Normandy Bch, FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 800001550778 -08/01/95--01055--017 *****25.00 *****25.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition SP7/28/95

CR2E034 (3/95)

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 the 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: C Simonson Cathy Simonson 7-27-95 908-223-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #