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Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90089 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P36740**

CHAPMAN	ENT # P36740 /LEONARD STUDIO EQUI	PMENT, INC.			
rincipal Place o	of Business	Mailing Address			
2950 RAYMER STREET 12950 RAYMER STREET		12950 RAYMER STREET NO. HOLLYWOOD CA 91605		DO NOT WEITE IN TH	IIS SPACE
D. HOLLYWOOD CA 91605		NO. HOLLTWOOD CA 91003		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				12/17/1991	Applied For
. Principal Pla	ce of Business	2a. Mailing Address	<del></del>	4. FEI Number	Not Applicabl
. Principai Fiai ]	CE OF BROWNS	26		NOT APPLICABLE	\$8.75 Additional
Suite, Apt. #	etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
	. •	27		6. Election Campaign Financing	- \$5.00 May Be
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
]			Country	This corporation owes the current year	Intangible
Zip	Country	Zip		Personal Property Tax.	Yes Lino
]	25		30	10. Name and Address of New Register	red Agent
	9. Name and Address of Curre	ent Registered Agent	81 Name		
BULLARD, DAVID 9460 DELEGATES DRIVE ORLANDO FL 32821			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
			83		85 Zip Code
			84 City		FL [TT]
agent. I ar	n familiar with, and accept the oblig	gations of, Section 607.0505, FR	onda Statutes.	poration submits this statement for the purposion's board of directors. I hereby accept the a	
agent. I ar	n familiar with, and accept the oblig	gations of, Section 607.0505, Fit  gent and title if applicable. (NOT  AND DIRECTORS	E: Registered Agent signature requir		
agent. I ar	n familiar with, and accept the oblig	gations of, Section 607.0505, Fit	E: Registered Agent signature required 13.	DAT	S AND DIRECTORS IN 12
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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 trueffer 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, with all other like empowered.

SIGNATURE: