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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:40

DOCUMENT # **P92000005807 (2)**

1. Corporation Name
AMERICAN FILM PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
200 SOUTH ORANGE AVENUE SUITE 2600 ORLANDO FL 32801	200 SOUTH ORANGE AVENUE SUITE 2600 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1992**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 Z Darlene A. Spezzi	26 5594 N. Orange Blossom Tr.
Suite, Apt. #, etc. 22 5594 N. Orange Blossom Tr.	Suite, Apt. #, etc. 27 Suite 103
City & State 23 Suite 103 Orlando, Fl.	City & State 28 Orlando, Fl.
Zip / Country 24 32810 / 25 Orange	Zip / Country 29 32810 / 30 Orange

4. FEI Number: **59-3173722** ☐ 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

CONTI, T M
200 S. ORANGE AVENUE
SUITE 2600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Gary S. Abely
82 Street Address (P.O. Box Number is Not Acceptable): 2304 E. Robinson Street
83
84 City: Orlando **FL** 85 Zip Code: 32803

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: Gary S. Abely — 3/30/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	ALMIHDAR, ALAWI	12 NAME	
STREET ADDRESS	200 S. ORANGE AVENUE #2600	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32801	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SPEZZI, DARLENE	22 NAME	
STREET ADDRESS	200 S. ORANGE AVENUE #2600	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32801	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Darlene A. Spezzi — 03/17/95 — (407) 422-8358
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0082044 CP