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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mort
Secretary of St[illegible]
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:01

DOCUMENT # **P93000018044 (6)**

1. Corporation Name
L.E.N. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
639 AQUATIC DR ATLANTIC BCH. FL 32233	POST OFFICE BOX 330798 ATLANTIC BCH. FL 32233-0798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1993		3a. Date of Last Report: 05/01/1994	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: NOT APPLICABLE 59-3164975	Applied For / Not Applicable
21 639 AQUATIC DR.	26 639 AQUATIC DR.		
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 ATLANTIC BCH., FL.	City & State 28 ATLANTIC BCH., FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32233 / Country 25 U.S.A.	Zip 29 32233 / Country 30 U.S.A.	8. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCLOUGHLIN, NEIL P 350 36TH AVE SO. JACKSONVILLE BCH. FL 32250	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NORDBY, LEONARD E	12 NAME	
STREET ADDRESS	639 AQUATIC DR	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32233	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BOHLIN, ELIZABETH G	22 NAME	
STREET ADDRESS	639 AQUATIC DR	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32233	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	REMITTED BY MAY 1
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: Leonard E. Nordby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406429 FP