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 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033419 (1)**

1. Corporation Name
TELEPRODUCTIONS, INC.

Principal Place of Business	Mailing Address
568 9TH STREET SOUTH STE. 109 NAPLES FL 33940	568 9TH STREET SOUTH STE. 109 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/10/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 25144 PELICAN CREEK CIRCLE	26 8951 BONITA BEACH RD.
Suite, Apt. #, etc. 22 #202	Suite, Apt. #, etc. 27 525-310
City & State 23 BONITA SPRINGS, FL	City & State 28 BONITA SPRINGS, FL
Zip / Country 24 33923 / 25 USA	Zip / Country 29 33923 / 30 USA

4. FEI Number: 65-0420560 ☐ 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

9. This 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
CLAYTON, LARRY 1191 8TH ST. SOUTH NAPLES FL 33940	81 Name: LARRY CLAYTON 82 Street Address (P.O. Box Number is Not Acceptable): 25244 PELICAN CREEK CIRCLE 83: #202 84 City: BONITA SPRINGS FL 85 Zip Code: 33923

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: [signature] - PRES LARRY CLAYTON 4-10-95
Signature, typed or printed name 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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	CLAYTON, LAWRENCE J	12 NAME	LAWRENCE J. CLAYTON	
STREET ADDRESS	1191 - 8TH ST., S., #28	13 STREET ADDRESS	25244 PELICAN CREEK CIRCLE #202	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	CLAYTON, LAWRENCE J	22 NAME	LAWRENCE J. CLAYTON	
STREET ADDRESS	1191 - 8TH ST., S., #28	23 STREET ADDRESS	25244 PELICAN CREEK CIRCLE #202	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
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, added or deleted.

SIGNATURE: [signature] - PRES 4-10-95 813-434-8120
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #

032A001 CP