FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033419 (1)

TELEPRODUCTIONS, INC.

FILED Feb 17 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address						. 10021001 FLS (0500 1101) 00511 0054 COVIT 40160 1100 4154 61501 (1910 1811 1891
25244 PELICAN CREEK CIRCLE 8951 BONITA BEACH RD						
202	NO. P. 40000	525-310				DO NOT WRITE IN THIS SPACE
IIS	NGS FL 33923	US BONITA SPRINGS FL 335	BONITA SPRINGS FL 33923			3. Date Incorporated or Qualified
•		00	03			05/10/1993
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21						65-0420560 Not Applicable
Suite, Apt.	#, etc	Suite, Apl. #, etc.				S 75 Additional
22		27	· 1			5. Certificate of Status Desired Fee Required
City & State						6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution
Zip				ntry	-	8. This corporation owes or has paid the current year Intangible
24	25 29 30					Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent
CL	AYTON, LARRY			81	Name	ne
252	244 PELICAN CREEK CIRCLE		}	82 Street A		et Address (P.O. Box Number is Not Acceptable)
202					50000	or realises to the second section of the second sec
	NITA SPRINGS FL 33923		Ţ	63		
			,	64	O:h.	L-1
				54	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607, 1508, Florida Statut	es, the ab	ove	-named	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent la	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida: Such change was a attons of, Section 607,0505, Flo	authorizec orida Stati	l by utes	the corp	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature. Igned or printed name of repotent age		Age	nt signature	ture required when reinstating) DATE	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	11717			Change Addition
NAME CLAYTON, LAWRENCE J		. =	1.2 NAME			
STREET ADDRESS 25244 PELICAN CREEK CIRCLE		LE #202	1.3 STREET ADDRESS		address	s
CITY - ST - ZIP	BONITA SPRINGS FL	- Indiana	1.4 CIT		í- ZIP	
TITLE	ST	DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, LAWRENCE J		2.2 NAME			
STREET ADDRESS 25244 PELICAN CREEK CIRCLE		LE #202	2.3 STREET ADDRESS		ADDRESS	s
CITY-ST-ZIP	BONITA SPRINGS FL	The state of the s	2 4 CITY-ST-ZIP		T-ZIP	
TITLE		☐ DELETE	3.1 TITLE		ļ	Change Addition
NAME			3.2 NA	-		
STREET ADDRESS					ADDRESS	s
CITY-ST-ZIP		T 67.77è	3.4. CITY-ST-ZIP		r-zip	
TITLE		L. DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NA		-	
STREET ADDRESS			4.3 STREET ADDRESS			s
CITY-ST-ZIP TITLE		DELETE	4.4 City - ST- ZiP		- ZIP	
i		TT NOTE IF	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAI			
STREET ADDRESS					ADDRESS	5
CITY-ST-ZIP		Decemen	54 CIT		- ZIP	
TITLE		[_] DELETE	61 111		l	Change Addition
NAME			62 NAI			
STREET ADDRESS					ADDRESS	s
CITY-ST-ZIP			6.4 DIT	Y-S1	- ZIP	

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 of spowered 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 attention of the corporation or the receiver of spowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: