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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90257 043 \*\*\*150.00

DOCUMENT # P93000033419 TELEPRODUCTIONS, INC. Mailing Address Principal Place of Business 25244 PELICAN CREEK CIRCLE 8951 BONITA BEACH RD 525-310 DO NOT WRITE IN THIS SPACE BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923 3. Date Incorporated or Qualifed 05/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0420560 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CLAYTON, LARRY Street Address (P.O. Box Number is Not Acceptable) 25244 PELICAN CREEK CIRCLE 202 **BONITA SPRINGS FL 33923** Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition □ DELETE 1.1 TITLE TITLE CLAYTON, LAWRENCE J 12 NAME NAME 25244 PELICAN CREEK CIRCLE #202 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 2.1 TITLE Change TITLE CLAYTON, LAWRENCE J 2.2 NAME NAME 25244 PELICAN CREEK CIRCLE #202 2.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME

64 CITY-ST-ZIP CITY-ST-ZIP 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 true the simple supplemental annual report is true to supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certify that the information indicated on this annual report or supplemental annual report is true. I further certification in the information in the information in the information in the information in

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6.1 TITLE

6.2 NAME

SIGNATURE: \_

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

T 35 11 IND TYPED ON PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

☐ Addition

CR2E034 (11/98)