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

DOCUMENT # P9300048882

1. Corporation Name

ADELSTEIN PRODUCTIONS, INC.

Country

25

Principal	Place of	Business

2. Principal Place of Business

Mailing Address

624 WEST TROPICAL WAY PLANTATION FL 33317

Suite, Apt. #, etc.

- City & State

Zip

21

22

24

624 WEST TROPICAL WAY PLANTATION FL 33317

2a. Mailing Address

Suite, Apt. #, etc.

City & State - ----

26

27

28

29

Zip

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90119 049 ***158.75

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	DO NOT WRITE IN THIS SPACE								
3.	Date Incorporated or Qualifed								
	07/09/1993								
4.	FEI Number	Applied For							
	65-0442029	Not Applicable							
5.	Certifcate of Status Desired	\$8.75 Additional Fee Required							

Election Campaign Financing *

This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

---\$5.00 May Be

Added to Fees

Zip Code

FI

XNo

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ADELSTEIN, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 82 624 W. TROPICAL WAY PLANTATION FL 33317 83

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. Nam amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

Country

30

CICLIATURE	h h- alabot	Steven Ad	lelstein,	President	4/12/99	
SIGNATURE	lightakure, typed or printed name of registered agent and title if applicable. (NOT)	E: Registered Agent signature r	equired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIO	NS/CHANGES TO OFFIC		
TITLE	PD DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ADELSTEIN, STEVEN A	1,2 NAME				,
STREET ADDRESS	624 WEST TROPICAL WAY	1.3 STREET ADDRESS				Í
CITY-ST-ZIP	PLANTATION FL 33317	1.4 C/TY-ST-ZIP				
TITLE	DELETE	2.1 TITLE			Change	☐ Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				Ì
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
TITLE "	→ DELETE	3.1 TITLE		. •	Change	Addition
NAME .		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	ĺ			Ì
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE			Change	☐ Addition
NAME		4. 2 NAME)			,
STREET ADDRESS	•	4.3 STREET ADDRESS	Ì			
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP		·		
TITLE	☐ DELETE	5.1 TITLE	1		Change	Addition
NAME		5.2 NAME]			
STREET ADDRESS		5.3 STREET ADDRESS	ĺ			
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	. DELETE	6.1 TITLE]		Change	☐ Addition
NAME .		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	\ 			
		SACITY OF 7ID	I			

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 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 manged, or on an attachment with an address, with all other like empowered.

SIGNATURE

Steven Adelstein, President 4/12/99 954-745-0077 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR