

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 11 05

DOCUMENT # **P93000060302 (5)**

1. Corporation Name

WHITE LIGHTNING PRODUCTIONS CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
6045 N.W. 37TH STREET SUITE W-108 MIAMI FL 33166		6045 N.W. 37TH STREET SUITE W-108 MIAMI FL 33166	
2. Principal Place of Business		2a. Mailing Address	
21		26	
State: Apt. # etc.		State: Apt. # etc.	
22		27	
City & State		City & State	
23		28	
ZIP		ZIP	
24		29	
25		30	
3. Date incorporated / acquired		3a. Date of Last Report	
08/27/1993		05/01/1994	
4. FEI Number		Applied for	
65-0433369		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		☐	
7. This corporation has liability for intangible tax under S. 199 (1)		Florida Statutes	
☐ Yes ☐ No		☐ Yes ☐ No	

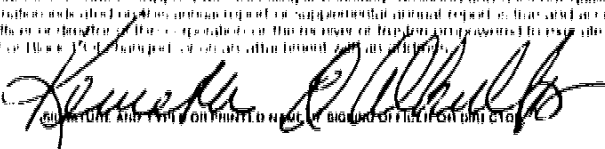
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITE, KENNETH E JR 6045 N.W. 37TH ST. SUITE W-108 MIAMI FL 33166-7053		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) 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 607.05(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. NAME		1. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY & STATE		21. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.05(2), Florida Statutes. I further certify that the addresses included on this filing represent the current and complete address of the corporation and that my signature shall have the same legal effect as if made under oath. I am aware of the consequences of this filing and I am aware of the provisions of Section 607.05(2), Florida Statutes, and I am aware of the consequences of this filing.

SIGNATURE: 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

