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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000061097 (0) 1. Corporation Name SLAMMING PRODUCTIONS, INC. Principal Place of Business Mailing Address 1444 N.W. 7TH AVE. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311									
						3. Date Incorporated or Qualified 08/27/1993	3a . Da	te of Last 06/26/	Report 1995
2. Principal Place of Business 2a. Mailing 21			Address			4. FEI Number			Applied For
Suite, Apt.	f oto	26				65-0436505			Not Applicabl
22 1201	NW 6th ST	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
	UNDERDACE FL	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
^{Ζιρ} 3 33	11 25 Brown RD	29	30 Coun	'ry 		8. This corporation has liability for Florida Statutes	s ∏No		s 199.032,
	9. Name and Address of Current	Hegistered Agent		47 55		10. Name and Address of New I	Registered	Agent	
HADO	EN. ANTHONY		*						
			6	2 Stre	et Addres	Address (P.O. Box Number is Not Acceptable)			
FT. LA	AUDERDALE FL 33311		ε	3					
	Street Address of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's board of directors. Theretar with, and accept the obligations of, Section 607.0505, Florida Statutes. Street Address (P.O. Box Number 10. Name and A 10. Name								
			1.	/			FI		ip Code
SIGNATURE	Skyr at us, typed or printed name of registered again a	nd little if applicable (N	OTE Registered As				EMIE	7	
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CITY-ST-ZIP	FI LAUDERDALE PL		1.4 CHY		. 5	4 Landerdele FL			
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NAME			3.1 MAM					☐ Change	Addition
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DOM: F			6 2 NAME		- 1				

6.4.01Y-S1-ZIP

14. Loc 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)/k), 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 logal effect as if made under cath; that I am an officer or director of the poliporation or the leceiver or husing 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, or on an exadment with an addition.

SIGNATURE:

SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Description

6.3 STREET ADDRESS 6.4 CHTY - ST - ZIP

STREET ADDRESS