

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:25

DOCUMENT # P93000066076 (9)

1. Corporation Name

THE PRODUCTION DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
440 W 27 ST
SUITE 2000
HIALEAH FL 33010
US

Mailing Address
% 201 S. BISCAYNE BLVD.
SUITE 2000
MIAMI FL 33131

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

3. Date Incorporated or Qualified
09/22/1993

3a. Date of Last Report
02/15/1994

4. FEI Number
65-0445584

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contributions ☐ \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 193.032.
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GITOMER, MARK
440-450 WEST 27TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent
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 607.0502 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

Signature of the person named as registered agent and the corporation

Signature of the registered agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
DPVS	GITOMER, MARK	% 201 S. BISCAYNE BLVD., STE. 2000	MIAMI	FL	33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	Change	Addition
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.030(6), 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 of this report.

SIGNATURE:

X Mark Gitomer

Mark Gitomer

20 Apr 95

412 483-5543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number