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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000066183 (3)

HIGH 5	PRODUCTIONS, INC.	_						
Principal Place	of Business	Mailing Add	dress		4 ridatiaan kirk sistaa tirit satki Bekit satti datia attia attiat satki satti			
5213 3RD STRI ZEPHYRHILLS I		POST OFFICE BOX 490 ZEPHYRHILLS FL 33539-1490 US			DO NOT WRITE IN THIS SPACE			
			:		3. Date Incorporated or Qualified 09/17/1993			
2. Principal Pla	ace of Business	2a. Mailing	Address		4. FEI Number Applied For			
1		26			65-0444002 Not Applicable			
Suite, Apt. #	f, etc.	Suite, A	pt. #, etc.		5. Certificate of Status Desired			
City & State		City & S	tate		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Gountry 25	<i>Z</i> φ 29	Coun 30	ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No			
	g, Name and Address of Cu	rrent Registered Ag	10. Name and Address of New Registered Agent					
5213	CKE, GEORGIA H 3 3RD STREET HYRHILLS FL 33541			1 N. 2 St	Address (P.O. Box Number is Not Acceptable)			
261	TITTUREED TE 00041		Ē	3				
			E	4 C	City FL 85 Zip Code			
office or re	o the provisions of Sections 607 gistered agent, or both, in the S n familiar with, and accept the o	tale of Florida, Such	change was authorized	by the	amed corporation submits this statement for the purpose of changing its registered be corporation's board of directors. I hereby accept the appointment as registered			
SIGNATURE 5	Signature typed or pential name of regulators	dagent and title if applicable	(NOTE Registered A	genl sig	signalure required when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		DELETE 1.1 THU	:	Change Addition			
NAME LEMCKE, GEORGIA H				E				

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 607.0506, Florida Statutes.											
SIGNATURE											
L	Stgeature, typed or pentind name of registered agent and title if applica	JEON) old	Registered Agent signature requ	uired when reinstating)	DATE						
12	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECT						
TITLE	PD	DELETE	1.1 TITLE		☐ Cha	inge 🔲 Addition					
NAME	LEMCKE, GEORGIA H		12 NAME			•					
STREET ADDRESS	5213 3RD STREET		1.3 STREET ADDRESS								
OTTY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-ST-ZIP								
TITLE	VSD	DELETE	2.1 TITLE		☐ Chi	nge					
NAME	LEMCKE, RAYMOND E.		2.2 NAME								
STREET ADDRESS	5213 3RD STREET		2.3 STREET ADDRESS								
CITY-ST-ZIP	ZEPHYRHILLS FL		2. 4 CITY-ST-ZIP								
FITLE	TD	DELETE	3.1 TITLE		☐ Chá	nge 🔲 Addition					
NAME	BOEDECKER, RAYNA N.		3.2 NAME								
STREET ADDRESS	5640 BELLEZA DR		3.3 STREET ADDRESS								
CHTY-ST-ZIP	HOLIDAY FL		3.4. CITY-ST-ZIP								
TITLE		DELETE	41 TITLE		☐ Cha	nge 🔲 Addition					
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY - ST - ZIP			4.4 CITY - ST - ZIP								
TITLE		DELETE	5.1 TITLE		☐ Cha	nge 🔲 Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		☐ Cha	nge 🗌 Addition					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY - ST - ZIP			64 CITY-ST-ZIP								
## borobyco	actify that the information compliced with this filing de	oc not qualify for	the exemption stated in	Continu 110 07/3)(i) Florida	Statutos I further certify the	t the information					

reflect or this annual report or supplied with mis timing does not quality 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 frustee 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 attachment with an address.

FILED

Mar 16 1998 8:00am

Secretary of State