

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 12:27

DOCUMENT # P93000082752 (5)

1. Corporation Name

MEDIA TECH PRODUCTIONS INTERNATIONAL INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2500 HOLLYWOOD BLVD
SUITE 305
HOLLYWOOD FL 33020**

Mailing Address
**2500 HOLLYWOOD BLVD
SUITE 305
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
01/13/1994

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.
770 CLAUGHTON

25. Suite, Apt. #, etc.
1515

4. FEI Number
65-0453304

Applied For
Not Applicable

22. City & State
MIAMI FL

27. City & State
MIAMI FL

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

23. Zip
33131

28. Zip
33131

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

24. Country
USA

29. Country
USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVENS, PAUL
770 CLAUGHTON ISLAND
APT 1515
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Paul Stevens

1-6-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
D STEVENS, PAUL

2. STREET ADDRESS
770 CLAUGHTON ISLAND APT 1515

3. CITY, ST, ZIP
MIAMI FL 33131

1.1 NAME ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 NAME ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 NAME ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 NAME ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 NAME ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 NAME ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related in Section 199.032, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect. I am of legal age and have the right to file on behalf of this corporation or the officer or director empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1.1, of this report or its attachment with an address.

SIGNATURE:

PAUL STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/95 305-589-1120