

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000082752 (5)

1. Corporation Name

MEDIA TECH PRODUCTIONS INTERNATIONAL INC



Principal Place of Business

2500 HOLLYWOOD BLVD  
SUITE 305  
HOLLYWOOD FL 33020

Mailing Address

770 CLAUGHTON  
1515  
MIAMI FL 33131  
US

2. Principal Place of Business

2a. Mailing Address

21 770 Claughton

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1515

27

City & State

City & State

23 Miami FL

28

Zip

Country

Zip

Country

24 33131

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

01/17/1995

4. FEI Number

65-0453304

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

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 607.1008, 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

PAUL STEVENS

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when registering)

DATE

1/13/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME STEVENS, PAUL  
STREET ADDRESS 770 CLAUGHTON ISLAND APT 1515  
CITY- ST- ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
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CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Paul Stevens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96 805-5391120  
DATE Daytime Phone #

CR2E034 (12/95)