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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000004164 (7)

HISTORY PRODUCTIONS, INC.

DRUCKER, ILANA D 1000 WEST AVENUE

MIAMI BEACH FL 33139

SUITE 916

Principal Place of Business Mailing Address 104 E. HIGHLAND AVE. 104 E. HIGHLAND AVE. ATLANTIC HIGHLANDS NJ 07716 ATLANTIC HIGHLANDS NJ 07716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 65-0469737 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 24 25

30

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. Thereby accept the appointment as registered agent. Lam problem with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

83 84 City

Name

when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELLITE TITLE Change Addition BEDFORD, JOSEPH NAME 1.2 NAME 104 E HIGHLAND AVE STREET ADDRESS 1.3 STREET ADDRESS ATLANTIC HIGHALNDS NJ CHTY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE 2171111 Addition KEHOE, MARY NAME 104 E HIGHLANDS AVE STREET ADDRESS 2.3 STREET ADDRESS ATLANTIC HIGHLANDS NJ CITY - ST - ZIP 2. 4 CHY - \$1 - Z(P DELETE TIDLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHTY-ST-789 34. City-S1-ZIP DELETE THLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DECETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-2IP 5 4 CITY - ST - ZIP TITLE DELETE Addition 61 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City - \$1-2iP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliencertal 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 combination or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/14/02

FILED

Apr 22 1998 8:00am

Secretary of State

Personal Property Tax due June 30.

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

Name and Address of New Registered Agent

Applied For

Fee Required

\$5.00 May Be

Added to Fees

L Yes

85

Not Applicable