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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS May 01 1997 8:00am

Secretary of State

DOCUMENT # P94000005118 (2)

FRIENDS UNLIMITED PRODUCTIONS, INC.

## Principal Place of Business Mailing Address 14608 N.W. 7TH AVE. 14608 N.W. 7TH AVE. MIAMI FL 33168 MIAMI FL 33168-3030 3. Date Incorporated or Qualified 3a. Date of Last Report 01/21/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0462286 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yos [] No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BIGGS, JUNIOR S** 14608 N.W. 7TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33168 83 84 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. PD DHETE ☐ Change \_\_\_\_ Addition TITLE 1.3 THU **BIGGS, JUNIOR S** NAME 1.2 NAME 19624 N.W. 83RD PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAM! FL 33015** CITY-ST-ZIP 1.4 CHY-\$1-7P Addition TITLE STD DELFTE 2 1 111LF ☐ Change BIGGS, CAROLR C NAME 2.2 NAME 19624 N.W. 83RD PLACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY - \$1 - 7IP DELETE Addition \_\_\_ Change 3.1100.0 TITLE CHIN, HEWIE C. NAME 3.2 NAME 1051 NW 187 AVE STREET ADDRESS 3.3 STREET ADDRESS PEMNBROKE PINES FL CITY-ST-ZIP 3.4. CITY - \$1 - 7P DELETE Change Addition TITLE 4.1 11TEE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 🔲 DELETË ☐ Change Addition TITLE 611016 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Ido horoby 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 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 topporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name