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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005357 (6)

VIANI PRODUCTIONS, INC.

FILED Apr 02 1998 8:00am Secretary of State



						48101 BII II 91151 BIII 1801 II II
Principal Place of Business Mailing Address					JU(U) U)(UU 1000 BIR) PUUL 1801	
836 RIVERSIDE AVE 8120 KILKELLY LANE						
STE 4		JACKSONVILLE FL 32244		DO MOTURITE WEEK POACE		
JACKSONVILLE FL 32204 US		US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 01/24/1994	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
27 126 W. Adams St.		26		59-3220294	Not Applicable	
Suite, Apt. #, etc 22 Suite 505		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State City City City		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Tacksonville FL 28					Trust Fund Contribution	Added to Fees
		Zip	Country		8. This corporation owes or has paid the c	
24 32			30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Hegistered Agent	81	Mana	10. Name and Address of New Registere	J Agent
	RGUSON, RHONDA C.		61	Name		
	20 KILKELLY LANE CKSONVILLE FL 32244		82	82 Street Address (P.O. Box Number Is Not Acceptable)		
VA.	ONOONVIELE I E 02244		83			
			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-parted 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 Signature, typed or printed name of registered agent and biller if applicable (NOTE Registered Agent signature required when reinstating): DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	р	☐ DELETE	1.1 TITLE			Change Addition
NAME	Ferguson, Rhonda C		1.2 NAME			
STREET ADDRESS	8120 KILKELLY LANE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST	- ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-S	T-21P	•	
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	NDDAESS		
CITY-ST-ZVP			3.4. CITY-S1	F-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS .		
CITY-ST-ZIP			5.4 CITY - ST	- ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		j
CITY-ST-ZIP			6.4 CITY-ST			
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received 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 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.

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