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

PROFIT ... CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90054 017 ***150.00

DOCUMENT #	P9400005357
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VIANI PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
126 W. ADAMS ST.	8120 KILKELLY LANE
505	JACKSONVILLE FL 32244
JACKSONVILLE FL 32202	US
US	

DO NOT WRITE IN THIS SPACE

US							3. Date Incorporated or Qualifed			
			NATURE AND THE				01/24/1994 4. FEI Number Applied Fo			
— '	ace of Business	-	a. Mailing Address							
21 Suite Ant	# -10	26	Suite, Apt. #, etc.				\$8.75 Addition:			
Suite, Apt.	#, etc.	27	1				5. Certificate of Status Desired Fee Required			
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be	.		
23	<u> </u>	28					Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country			8. This corporation owes the current year Intangible			
24	30	<u>) </u>			Personal Property Tax. Yes No					
	9. Name and Address of Current	Regi	istered Agent				10. Name and Address of New Registered Agent			
· · · · · · · · · · · ·	CHOOM PHONDA C			81	1	Name				
	FERGUSON, RHONDA C.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
8120	KILKELLY LANE			83	L		to be a supplied to the first of the second			
JAC	(SONVILLE FL 32244						To Code	· ; - ' ·		
				84	1	City	FL 85 Zip Code			
44 5	to the provisions of Sections 607 0502	and i	607 1508 Florida Statutes	the abov	/e-	-named corpo	arction submits this statement for the nurpose of changing its register	red		
office or r	egistered agent, or both, in the State o	of Flor	rida. Such change was auth	iorized by	/ U	he corporation	on's board of directors. I hereby accept the appointment as registered	i		
	m familiar with, and accept the obligati	ions Q	a, aecuon out.uava, riondi	a Statute:	٥.					
SIGNATURE	Signature, typed or printed name of registered agent	and title	e if applicable. (NOTE: Re	gistered Age	ent :	signature required	d when reinstating) DATE	-		
12.	OFFICERS AND			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE	P		☐ DELETE	1.1 TITLE			☐ Change ☐ Ad	ddition		
NAME	FERGUSON, RHONDA C			1.2 NAME						
STREET ADDRESS	8120 KILKELLY LANE			1.3 STREE	T A	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CiTY-5	ST-	-ZiP				
TITLE	- 1419 All comme C		☐ DELETE	2.1 TITLE			☐ Change ☐ Ad	ddition		
NAME				2.2 NAME]				
STREET ADDRESS			a jak	2.3 STREE		ADDRESS	می نه میباد شده بیدندست ه بادر برزسته _{میدن بست کمینید. از این از این از این از این از این این میبادی از این}			
CITY-ST-ZIP	· · · · ·			2. 4 CITY-						
TITLE			☐ DELETE	3.1 TITLE			Change A	ddition		
NAME				3.2 NAME		1				
STREET ADDRESS						ADDRESS				
				3.4. CITY-						
CITY-ST-ZIP			☐ DELETE	4.1 TITLE			☐ Change ☐ Ar	ddition		
NAME				4. 2 NAME			·			
ł						ADDRESS				
STREET ADDRESS				4.4 CITY-1	-					
CITY-ST-ZIP			[] DELETE	5.1 TITLE		-21	☐ Change ☐ Ai	ddition		
TITLE			- October	5.1 MAME						
NAME	•			5.3 STREE		ADDRESS				
STREET ADORESS				5.4 CITY-1						
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		-	☐ Change ☐ A	Addition		
TITLE			□ herese	6.2 NAME			Commige 5.1			
NAME	}			6.3 STREE		ADDRESS				
STREET ADDRESS										
OTTY OF TID	I			6.4 CITY-3	ST-	-ZIP				

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

