FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 PM 12:20

DOCUMENT # P94000010710 (9)

1. Corporation Name
INSIGHT PRODUCTIONS CORP.

Principal Place of Business	Mailing Address
8806 S.W. 130TH CT. MIAMI FL 33186	8806 S.W. 130TH CT. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21 CENTURY VILLAGE
22 Suite, Apt. #, etc. CAMBRIDGE G-71
23 City & State DEERFIELD BEACH, FL
24 Zip 33442
25 Country BROWARD

2a. Mailing Address
26 CENTURY VILLAGE
27 Suite, Apt. #, etc. CAMBRIDGE G-71
28 City & State DEERFIELD BEACH, FL
29 Zip 33442
30 Country BROWARD

4. FEI Number 65-0464804 ☐ 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

9. Name and Address of Current Registered Agent

SANTAMARIA, LAURA
2809 BIRD AVE.
189
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name ROBERT BARNES
82 Street Address (P.O. Box Number is Not Acceptable) CENTURY VILLAGE
83 CAMBRIDGE G-71
84 City DEERFIELD BEACH FL 85 Zip Code 33442

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] ROBERT BARNES 6/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	FLOR, DAVID	12 NAME	B/P/T/D ROBERT BARNES
STREET ADDRESS	8806 S.W. 130TH CT.	13 STREET ADDRESS	CENTURY VILLAGE CAMBRIDGE G-71
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PORTOCARRERO, NESTOR	22 NAME	ROBERT BARNES SHOULD BE
STREET ADDRESS	1114 SEVILLE AVE.	23 STREET ADDRESS	THE ONLY PERSON LISTED
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature] ROBERT BARNES 6/17/95 (305) 427-7714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0202770 CP