

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000012388 (2)

1. Corporation Name

K&K PRODUCTIONS, INC.



Principal Place of Business

14149 MASTWOOD WAY  
ORLANDO FL 32832

Mailing Address

14149 MASTWOOD WAY  
ORLANDO FL 32832

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 2114 Edgewater Dr  
Suite, Apt. #, etc.

26 2114 Edgewater Dr  
Suite, Apt. #, etc.

4. FEI Number

59-3224641

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

No

22 City & State

27 City & State

23 Orlando

28 Orlando

24 Zip 32804

Country

29 Zip 32804

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEELAN, KEVIN L  
14149 MASTWOOD WAY  
ORLANDO FL 32832

81 Name

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

324 Broadview St

83

84 City Altamonte Springs FL

85

32701

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, 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 ☐ DELETE

NAME KEELAN, KEVIN L  
STREET ADDRESS 320 LAKEVIEW ST., UNIT 103  
CITY, ST, ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME KNAPP, SHAWN  
STREET ADDRESS 922 GOLFVIEW STREET  
CITY, ST, ZIP ORLANDO FL 32804

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-7-96

Date

X (407) 481-8011

Daytime Phone #

CR2E034 (12/95)