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CORPORATION **ANNUAL REPORT**

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham '

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000012388 (2)

K&K PRODUCTIONS. INC.

Principal Place of Business Mailing Address 2114 EDGEWATER DR 2114 EDGEWATER DR ORLANDO FL 32804 ORLANDO FL 32804

FILED Mar 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 Not Applicable 59-3224641 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip **2**(p) Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEELAN, KEVIN L 324 BROADVIEW ST 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32701 83 84 City Zip Code 85 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, typied or profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE KEELAN, KEVIN L 12 NAME NAME 324 BROADVIEW ST 1.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change 2.1 TITLE VカT Addition KNAPP, SHAWN NAME 2.2 NAME 922 GOLFVIEW STREET STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE SD TITLE PARKER, JAMES E. NAME 3.2 NAME 157 THORNBERRY DR STREET ADDRESS 3.3 STREET ADDRESS CASSELBERRY FL CITY-ST-2IP 3.4. CITY-ST-ZIP ☐ DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 original report 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 adachiment with an address.

1. Knapp × 3-23, 98 × (407) 481-8011 SIGNATURE