

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000014164 (5)

1. Corporation Name

STEVEN J. LEVIN PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

5201 ORAUNA DR
#5
CORAL GABLES FL 33146

5201 ORAUNA DR
#5
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

10/05/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FET Number

65-0606560

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

10. Name and Address of New Registered Agent

BRUCE KASSMAN PA
1111 LINCOLN ROAD MALL
SUITE 802
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

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 of officer or director of corporation or registered agent

Printed Name of Agent (If Agent is not a corporation, print name of individual)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PD
LEVIN, STEVEN J
5201 ORDUNA DR #5
CORAL GABLES FL 33146

☐ DELETE

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
☐ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP
☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

305-669-1921

CR2E034 (12/95)