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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019810 (8)

MONARCH PRODUCTIONS, INC.

I WOUNT	non i nobbonono, mo	•						
Principal Plac	ce of Business	Malling Address 348 HAMILTON AVE SAFETY HARBOR FL 34695				O HODDIFORD FLO IDIAN DIDAH BUNIN DUAH EDIAH EDIAH EDIAH EDIAH INDAH	1101 1010: [[6]	A 0011 F001
348 HAMILTO SAFETY HAR	ON AVE BOR FL 34695					DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 03/15/1994 		
<u> </u>	Place of Business	2a, Mailing Address				4. FEI Number	Apı	plied For
21		26				59-3231996	Not	t Applicable
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z ip 24	Country 25	Zip 29	30 Co	untry	,	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	_	angible No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
MOTYL, STEVEN 348 HAMILTON AVE				81	Name Stroot Add	dress (P.O. Box Number is Not Acceptable)		
SAFETY HARBOR FL 34695				02	Street Aut	aress (r.o. box number is not acceptable)		
				63				
				84	City	FL	85 Zip C	
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ot	0502 and 607.1508, Florida Stati ate of Florida. Such change was oligations of, Section 607.0505, F	utes, the a s authorize Florida Sta	bove d by tutes	e-named cor the corpora s.	rporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoin	nanging its ntment as r	registered egistered
SIGNATURE								
12.	Signature, typed or printed name of registered	l agent and little if applicable. (NO AND DIRECTORS		d Age	nt signature requ	uired when reinstating) DATE		
TITLE	DFFICENS.	DELETE	13. 1.1 T	IT) E	·	ADDITIONS/CHANGES TO OFFICERS AND D	Change	S IN 12 Addition
NAME	MOTYL, STEVEN						1 Grange	Addition
STREET ADDRESS	646 1144 W 70 U 43 E		1.2 N					
ALEPTA LILIBRAR EL					ADDRESS			
CITY-ST-ZIP	DELETE			1.4 CITY-ST-ZIP			Channe	A station a
NAME	Duttie					L.	_i Change	Addition
STREET ADDRESS				2.2 NAME				
				2.3 STREET ADDRESS 2. 4 CITY-ST-ZiP				
CITY-ST-ZIP TITLE		DELETE	3.1 31		T-ZIP		Change	T Address
NAME			3.1 11 3.2 N			L] Change	☐ Addition
1					4.D.C.D.C.O.O.			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE		ITY-S	T-ZIP		1 Change	A Adition
I wite			4.1 TI	ILE		<u>L.</u>	Change	Addition

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

CIGNATURE. STORE STEVEN MAY

3/31/98 (813)126-4898

Change

Change

___ Addition

Addition

FILED

Apr 06 1998 8:00am

Secretary of State