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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025507 (2)

RAINMAKER FILMS, INC.

2, Principal Place of Business

Suite, Apt. #, etc.

Principal Place of Business	Mailing Address
108 EAST BTH STREET LYNN HAVEN FL 32444	POST OFFICE BOX 1727 PANAMA CITY FL 32402-1727

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28. Mailing Address

Suite, Apt. #, etc.

FILED May 14 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

03/31/1994

59-3176248

4. FEI Number

22		27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Ζιρ 29	Country 30	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curren	nt Registered Agent		1	10. Name and Address of New Registered Agent	
STR	ickland, stan		81	Name	e	
535 MERCER AVENUE PANAMA CITY FL 32401			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	■■ 85 Zip Code	
			.	City	FL s r p code	
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Sta	itutes, the abov	e-namec	d corporation submits this statement for the purpose of changing its register irporation's board of directors. Thereby accept the appointment as registered	
agent. Fe	egistered agent, or both, in the state m familiat with, and accept the oblig	alions of Section 607.0505,	as abmorized b Florida Statute	y ine cor s.	riporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	- Name it die					
	Signature, typod or printed nume of registered ag-	era and title if applicable (N	NOTE: Registered Ag	ent signatur	ire required when reinstating) DA*E	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TALE		☐ Change ☐ Addit	
NAME	STRICKLAND, STAN		1,2 NAME			
STREET ADDRESS	115 EAST 2ND STREET		1.3 STREE	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CBY - S	31 - 71P		
TITLE	V	DETEA	2 1 117LE		☐ Change ☐ Addit	
NAME	STRICKLAND, ANDREA		2.2 NAME			
STREET ADDRESS	115 EAST 2ND STREET		2.3 STREE	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2 4 CHY-	\$1 - 7IP		
TITLE	ST	☐ DELETE	3.1 JHLE		Change Addit	
NAME	PRIDE, NANCY		3.2 NAME			
STREET ADDRESS	7220 POINCIANA DRIVE #A		3.3 STREE	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3 4 CI1Y -	\$1 - ZIP		
TITLE	TR /	X CIC DELETE	4.1 TO LE		Change Addi	
NAME	WARD/ED	$\mathcal{K}(\mathcal{AC})$	4 2 NAME			
STREET ADDRESS		,	43 STREET	ADDRESS		
CITY-ST-ZIP	WILMINGTON NC		4.4 CHY-	T-ZIP		
TITLE	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	5.1 #111.6		Change Addi	
NAME [5.2 NAME			
STREET ADDRESS			53 STREET	ADDRESS	;	
CITY-ST-ZIP			5.4 CHY-5	T - Zif'		
TITLE		DELETE	6.1 TITLE		Change Addit	
NAME			6 2 NAME			
STREET ADDRESS			G.3 STREE	ADDRESS.		
CITY-ST-ZIP			6.4 CHY-5		<u> </u>	
informatio I am an ol	n indicated on this annual report or :	supplemental annual report t r the receiver or trustee emp	is true and acci powered to exec	irate and	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the id-that my signature shall have the same legal effect as if made under eath; report as required by Chapter 607, Florida Statutes; and that my name	