## 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 # **P94000027934** (6)

IS G PRODUCTIONS, INC.

## FILED Jan 15 1997 8:00am Secretary of State

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Principal Place of	Mailing Addr	Mailing Address			s isoniopi pie toni onati oniti dalit oditi sotii sotii	# 1204/004 MS 1014) BIBS! ORISH BEISH OOM SOUS ISBIS 1897 1891 BISS 1891			
1650 SANDLAKE RD. SUITE 300A ORLANDO FL 32609 US		1650 SANDLAKE RD. SUITE 300A							
		US US	ORLANDO FL 32809-9119 US			3. Date Incorporated or Qualified 3 04/08/1994	`		
2. Principal Place	e of Business	2a. Mailing A	ddress			4. FEI Number		Applied For	
21		26				59-3232298		Not Applicable	
Suite, Apt. #, e	etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State		27   C tv & Sta	ate			6. Election Campaign Financing		00 May Be	
23		28				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip		Count	ry	8. This corporation has liability for intar	ngible tax unde	er s. 199.032,	
24	25	29		30			as 🔲 No		
	9. Name and Address of Cu	rrent Registered Age	nt			10. Name and Address of New Regist	ered Agent		
	n, elizabeth			8	1 Nam	е			
	iunters isle dr			8	2 Stree	et Address (P.O. Box Number is Not Acceptable)			
ORLAN	DO FL 32837			<u> </u>	_	and the second s	<del></del>		
				8	3				
				8	4 City		85 2	Zip Code	
		01.00 Less 24600 E	The Carlot N		.J	ed corporation submits this statement for the purp	FL 65 '	a ito rapiatorad	
	padase typical or prinsed for locker registers		(NOT		geni signat	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICER:	DATE	TODG IN 10	
12.		AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICER:	S AND DIREC		
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	ORLANDO FL 32837			1.5 STN		~			
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NAME				2.2 NAM	E	BRIDON, ELISABETH	/		
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CHY-ST-ZIP				2. 4 011	- ST - ZIP	ORIANDO FL 3293			
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NAME				3.2 NAM	E	•			
STREET ADDRESS				3.3 STRE	ET ADDRES	S			
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STREET ADDRESS					:ET ADDRES -ST-ZIP	~			
CITY - ST - ZIP TITLE			DELETE	6.1 TITL			Chai	nge 🔲 Additio	
NAMI		L-		6.2 NAM			. —		
STREET ADDRESS					et addres	s			
CITY - \$1 - 70°					-ST-ZIP				
14 Ldo boroby	meth. that the internation on	volicel with this filing d	one not aug			n stated in Section 119 07(3)(i) Florida Statutes I	further certify	that the	

4. I do 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.

**SIGNATURE:** 

ATURE AND TYPE OF DIALE OF SKINING OFFICER OR DIRECTOR SUSABETR 01/08/97 (407)8576994