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 # P94000032808 (5)

1. Corporation Name

INTER-VISION PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
246 N. WESTMONTE DR. STE 212 ALTAMONTE SPRINGS FL 32714 US	246 N. WESTMONTE DR. STE 212 ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/02/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3245315 ☐ 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

O'NEAL, CHARLES W
~~101 STAG RIDGE COURT~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name: O'NEAL, CHARLES W.
82 Street Address (P.O. Box Number is Not Acceptable): 246 N. WESTMONTE DR., STE 212
83 X
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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] DATE 3/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	HAMPER, THOMAS W.	1.2 NAME	O'NEAL, CHARLES W.
STREET ADDRESS	23 W. STEELE ST.	1.3 STREET ADDRESS	246 N. WESTMONTE DR., STE 212
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	☐ DELETE	2.1 TITLE	VP, D ☒ Change ☐ Addition
NAME		2.2 NAME	HAMPER, THOMAS W.
STREET ADDRESS		2.3 STREET ADDRESS	246 N. WESTMONTE DR, STE 212
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: [signature] 3/4/96 407 788 5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)