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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000037019 (4)

**SILVERMAN PRODUCTIONS, INC.** 

Principal Place	e of Business	Mailing Address			I DEGITERT DIE LANG BORIN ABNIG ABNIG ABNIG ABNIR ABNIR AND	ia lantii najat sinin inis ihat shat
4111 BARBAROSSA 4111 BARBAROSSA						
MIAMI FL 33133 MIAMI FL 33133					DO NOT WRITE IN THIS	\$PACE
					3. Date Incorporated or Qualified	
					05/13/1994	
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			65-0495379	Not Applicable \$8.75 Additional
22	π, <del>σι</del> σ.	27			5. Certificate of Status Desired	Fee Required
City & State	8	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	у	6. This corporation owes or has paid the cu	
24	25		30			Yes No
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered	Agent
	VERMAN, FRED		81	Ivaille		
4111 BARBAROSSA			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33133		83	,		
			84	City		85 Zip Code
				'	<u> </u>	•
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, typed or printed name of registers	and agent and tills it anchoulds. (NOTS	F. Pagistored As	ont pignature reguin	red when reinstating) DATE	
12,		S AND DIRECTORS	13.	en signature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	<b>SILVERMAN, FRED</b>		1.2 NAME			
STREET ADDRESS	4111 BARBAROSSA		1.3 STREE	T AODRESS		
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY- 3.1 TITLE	21-21		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			Change Addition
TITLE NAME		- presit	5.1 TITLE 5.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			5.4 CITY -	1		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
PTOFFT ADDOCCO			6361000	TADDRECC		

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 suppliemental 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.

**FILED** 

Apr 23 1998 8:00am

Secretary of State