FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:27

DOCUMENT # P94000037922 (9)

1. Corporation Name
TABLOID PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
400 NEW YORK AVE N STE 207 WINTER PARK FL 32789	400 NEW YORK AVE N STE 207 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

4. FEI Number: 59-3241876 ☐ Applied For ☐ Not Applicable

2. Principal Office (if changed) 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___

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

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

SIMONSEN, MELANIE H
400 NEW YORK AVE N
STE 207
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MARK SIMONSEN
STREET ADDRESS	1241 RICHMOND ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VICE-PRESIDENT
NAME	MELANIE HURT SIMONSEN
STREET ADDRESS	1241 RICHMOND ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	SECRETARY
NAME	CHRIS GARVER
STREET ADDRESS	244 NEEDLES TRAIL
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE / 1. NAME / 1. STREET ADDRESS / 1. CITY-ST-ZIP	☐ Change	☐ Addition
2. TITLE / 2. NAME / 2. STREET ADDRESS / 2. CITY-ST-ZIP	☐ Change	☐ Addition
3. TITLE / 3. NAME / 3. STREET ADDRESS / 3. CITY-ST-ZIP	☐ Change	☐ Addition
4. TITLE / 4. NAME / 4. STREET ADDRESS / 4. CITY-ST-ZIP	☐ Change	☐ Addition
5. TITLE / 5. NAME / 5. STREET ADDRESS / 5. CITY-ST-ZIP	☐ Change	☐ Addition
6. TITLE / 6. NAME / 6. STREET ADDRESS / 6. CITY-ST-ZIP	☐ Change	☐ Addition

14. I, the undersigned, certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Melanie Hurt Simonsen — MELANIE HURT SIMONSEN (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: 4-24-95

Daytime Phone #: 407-740-5100

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