SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037966 (6)**

1. Corporation Name

OZONE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1856 NW 97 AVE PLANTATION FL 33322	1856 NW 97 AVE PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report: FIRST

2. Principal Place of Business	2a. Mailing Address
21 2440 S. BARRINGTON	26 7206 Summertime Lane
Suite, Apt. #, etc. 22 # 107	Suite, Apt. #, etc. 27
City & State 23 Los Angeles, CA	City & State 28 Culver City, CA
Zip / Country 24 90064 / 25 USA	Zip / Country 29 90230 / 30 USA

4. FEI Number: ☐ 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	10. Name and Address of New Registered Agent
FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE FL 33311	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITTINGHAM, JUDITH	1.2 NAME	
STREET ADDRESS	1856 NW 97 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	BOXILL, G. IAN	2.2 NAME	BOXILL, G. IAN
STREET ADDRESS	1856 NW 97 AVE	2.3 STREET ADDRESS	2440 S. BARRINGTON, #107
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	LOS ANGELES, CA 90064
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BELLEFEUILLE, JEAN R	3.2 NAME	
STREET ADDRESS	1856 NW 97 AVE	3.3 STREET ADDRESS	7206 Summertime Lane
CITY-ST-ZIP	PLANTATION FL 33322	3.4 CITY-ST-ZIP	Culver City, CA 90230
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: _____ JEAN R. BELLEFEUILLE 6/24/95 SID 836-3743
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0077290 CP