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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000044015 (3)**

1. Corporation Name
KADOW PRODUCTIONS, INC.

Principal Place of Business: **525 93 ST. SURFSIDE FL 33154**
Mailing Address: **525 93 ST. SURFSIDE FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report
4. FEI Number 65-0501306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent WATSON, MICHELE 525 93 ST. SURFSIDE FL 33154	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 607.0503, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and the 7 apply, also

(202) Registered Agent to whom request shall be made

(202)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME MICHELE L. WATSON	12. NAME		
STREET ADDRESS 525 93rd ST.	13. STREET ADDRESS		
CITY, ST, ZIP SURFSIDE FL 33154	14. CITY, ST, ZIP		
TITLE	21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	22. NAME		
STREET ADDRESS	23. STREET ADDRESS		
CITY, ST, ZIP	24. CITY, ST, ZIP		
TITLE	31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	32. NAME		
STREET ADDRESS	33. STREET ADDRESS		
CITY, ST, ZIP	34. CITY, ST, ZIP		
TITLE	41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	42. NAME		
STREET ADDRESS	43. STREET ADDRESS		
CITY, ST, ZIP	44. CITY, ST, ZIP		
TITLE	51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	52. NAME		
STREET ADDRESS	53. STREET ADDRESS		
CITY, ST, ZIP	54. CITY, ST, ZIP		
TITLE	61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	62. NAME		
STREET ADDRESS	63. STREET ADDRESS		
CITY, ST, ZIP	64. 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 119.032(3)(b), 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, accordingly, or as an attachment with an address.

SIGNATURE: Michele Watson MICHELE WATSON x 4/22/95 (202) 866-2488
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR