

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 # P94000051430 (4)

1. Corporation Name

ED SEEMAN ANIMATION PRODUCTIONS, INC.



Principal Place of Business

3315 PINEWALK DR. NORTH  
SUITE 201  
MARGATE FL 33063

Mailing Address

3315 PINEWALK DR. NORTH  
SUITE 201  
MARGATE FL 33063

2. Principal Place of Business

21 4332 NW 81 Terrace

Suite, Apt. #, etc.

22 City & State

23 Coral Springs, FL

Zip

24 33065

Country

25 Broward

2a. Mailing Address

26 4332 NW 81 Terrace

Suite, Apt. #, etc.

27 City & State

28 Coral Springs, FL

Zip

29 33065

Country

30 Broward

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

04/19/1995

4. FLI Number

65-0503872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SEEMAN, EDWARD S  
3315 PINEWALK DR. NORTH  
SUITE 201  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

SEEMAN, EDWARD S.

82 Street Address (P.O. Box Number is Not Acceptable)

4332 NW 81 Terrace

83

84 City

Coral Springs,

FL

85 Zip Code

33065

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

AMY SEEMAN

(NOTE: Registered Agent signature is not required when resigning)

*Amy Seeman*

3-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME SEEMAN, ED  
STREET ADDRESS 3315 PINEWALK DR. N. #201  
CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE

VP  
NAME SEEMAN, AMY  
STREET ADDRESS 3315 PINEWALK DR. N. #201  
CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

P  
NAME SEEMAN, ED  
STREET ADDRESS 4332 NW 81 Terrace  
CITY-ST-ZIP Coral Springs, FL 33065

2.1 TITLE ☐ Change ☐ Addition

VP  
NAME SEEMAN, AMY  
STREET ADDRESS 4332 NW 81 Terrace  
CITY-ST-ZIP Coral Springs, FL 33065

3.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Amy Seeman*

Date

3/20/96 (954) 345-7727

Daytime Phone #

CR2E034 (12/95)