

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

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Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000051430 (4)**

1. Corporation Name

**ED SEEMAN ANIMATION PRODUCTIONS, INC.**



Principal Place of Business

Mailing Address

**4332 NW 81 TERRACE**  
**SUITE 201**  
**CORAL SPRINGS FL 33065**  
**US**

**4332 NW 81 TERRACE**  
**SUITE 201**  
**CORAL SPRINGS FL 33065-1312**  
**US**

3. Date Incorporated or Qualified

**07/12/1994**

3a. Date of Last Report

**03/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **NO SUITE #**

27 **NO SUITE #**

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEEMAN, EDWARD S**  
**4332 NW 81 TERRACE**  
**SUITE 201**  
**CORAL SPRINGS FL 33065**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
 NAME **SEEMAN, ED**  
 STREET ADDRESS **4332 NW 81 TERRACE**  
 CITY - ST - ZIP **MARGATE FL CORAL SPRINGS, FL 33065**

1.1 TITLE ☒ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETE  
 NAME **SEEMAN, AMY**  
 STREET ADDRESS **4332 NW 81 TERRACE**  
 CITY - ST - ZIP **MARGATE FL CORAL SPRINGS, FL 33065**

2.1 TITLE ☒ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 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: *Amy Seeman* **AMY SEEMAN** 4/11/97 (954) 345-8822  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)