

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # P94000056927 (4)

1. Corporation Name

STUNT ACTION HEROES, INC.

Principal Place of Business

940 HIGHLAND AVE
ORLANDO FL 32803

Mailing Address

940 HIGHLAND AVE
ORLANDO FL 32803-3237



2. Principal Place of Business

21 255 S. Orange Avenue

Suite, Apt. #, etc.

22 Suite 750

City & State

23 Orlando

Zip

24 32801

Country

25 USA

2a. Mailing Address

26 255 S. Orange Avenue

Suite, Apt. #, etc.

27 Suite 750

City & State

28 Orlando

Zip

29 32801

Country

30 USA

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

09/23/1996

4. FEI Number

59-3274271

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

LEVINE, ROY R JR
940 HIGHLAND AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

LEVINE, ROY R JR

82

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

255 S. Orange Avenue

83

Suite 750

84

City

Orlando

FL

85

Zip Code

32801

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

TITLE D ☐ DELETE

NAME KAHANA, KIM
STREET ADDRESS PO BOX 127 N/A
CITY - ST - ZIP GROVELAND FL 34738

TITLE D ☐ DELETE

NAME MCLOUGHLIN, JOHN
STREET ADDRESS 153 BARRINGTON AVE
CITY - ST - ZIP DELAND FL 32724

TITLE D ☐ DELETE

NAME PADRON, CAMILO
STREET ADDRESS 724 NE 79TH ST 2ND FLOOR
CITY - ST - ZIP MIAMI FL 33138

TITLE D ☐ DELETE

NAME LEVINE, ROY R JR
STREET ADDRESS 940 HIGHLAND AVE
CITY - ST - ZIP ORLANDO FL 32803

TITLE D ☐ DELETE

NAME OLIVERAS, MICHAEL
STREET ADDRESS 273 WINDHAM AVE
CITY - ST - ZIP COLCHESTER CT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

John McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 904 736-1137
Date Daytime Phone #

CR2E034 (9/96)