FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR -7 AM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059301 (9)

1. Corporate Name

FANTA-SEA PRODUCTIONS, INC.

Principal Place of Business: 16758 KNIGHTSBRIDGE LANE, DELRAY BEACH FL 33484

Mailing Address: 16758 KNIGHTSBRIDGE LANE, DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1994

3a. Date of Last Report:

2. Principal Place of Business: 21 5702 Vintage Oaks Cir.

Suite, Apt. #, etc.: 22

City & State: 23

Zip: 24 Country: 25

2a. Mailing Address: 26 5702 Vintage Oaks Cir.

Suite, Apt. #, etc.: 27

City & State: 28

Zip: 29 Country: 30

4. FEI Number: 65-0597191 ☐ 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

DEUTCH, JEFFREY A
7777 GLADES ROAD SUITE 300
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5702 Vintage Oaks Circle

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SLOSSBERG, SAUL A
STREET ADDRESS	16758 KNIGHTSBRIDGE LANE
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	D
NAME	SLOSSBERG, JANICE
STREET ADDRESS	16758 KNIGHTSBRIDGE LANE
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	5702 Vintage Oaks Circle	
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 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 or is hereto attached with an address.

SIGNATURE: [signature] 3/14/95 (407)997-2450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — SAUL A. SLOSSBERG

Date — Daytime Phone #