## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT . 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mårthám 🎻

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P94000062078 (Q)

FILED

96 DEC 20 MM 9: 58

1. Corporation	Name	1002310 (3	<i>"</i>	1000	30 Dro co	
DOWN LOW BRODUCTIONS INC			dis	ľ	OF COETARY OF ST	ATE. SO
DOWN LOW PRODUCTIONS, INC.		wab hour			SECRETARY OF STATE TALLAHASSEE FLORIDA	
					IALLAMA	- 4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (
Pancinal Place	of Business	14-fra- A A L				-
Principal Place of Business Mailing Address				171	EINSTATEMEN	0
3600 N.W. 210TH TERRACE 3600 N.W. 210TH TERRAC CAROL CITY FL 33056 CAROL CITY FL 33058				Elian in a season.		
CAHOL CITY FL 33056 CAROL CITY FL 33056			j		DO NOT WRITE IN TH	<b>—————————————————————————————————————</b>
		•			3. Date Incorporated or Qualified 3a.	Date of Last Report
					08/23/1994	
2. Principal Pla	ace of Business	2a. Mailing Address		-	4. FEI Number	Applied For:
21		26			x 65.054838	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		27			C. Certificate of dialogs Desired	Fee Required:
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Tro			1		Trust Fund Contribution	Added to Fees
_	Country Zip		Country	'	8. This corporation has fiability for intangit	
24	9. Name and Address of Current	29  	30			No
	5. Namo and Address of Current	Registered Agent	61		10. Name and Address of New Registe	red Agent
CASTORO, FRANCIS X  2100 HOLLYWOOD BLVD.  82 Street Address (P.O. Box Number is Not Act Act Act Act Act Act Act Act Act Ac						-
2100 HOLLYWOOD BLVD. HOLLYWOOD FL 33020					210 K 00	16KRARE
ROLLIV	OOD FL 33020		83			
			84	City	1 A.1.	85 Zip Code
44 (1)	- 10			CHR	OL CITY	トー ココンコン
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.						
familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE X Walter Clark						
Sprunk hand a printed name of rights and still a capicable.						
TITLE	D OFFICERS AND	DIRECTORS	13.	<del></del> -	ADDITIONS/CHANGES TO OFFICERS	
NAME	CLARK, WALTER		4		400002038	Chappe Accition
STREET ADDRESS			1.2 NAME		-12/26/96	-01015001
CITY-ST - ZIP	CAROL CITY FL 33056		1.3 STREET	1	****583.75	5 ****583.75
TITLE	OANGE CITT FE 33030		1.4 CITY-5	ST-ZIP		1 100000 1 10000
NAME	. 22 NAKE				Change Addition	
STREET ADDRESS						
CITY-ST ZIP	••		2.3 STREET ADDRESS			
TITUS			2.4 CITY+S 3.1 TITLE	ii - ZIP		T Tobarra T Takinia
NAME						Change Addition
STREET ADDRESS			3.2 NAME	t innoces		
CITY-ST-ZIP			3.3. STREET ADDRESS 3.4 CITY-ST-ZIP			1
IIILI			4.1 TITLE	11-211		Change
NAME			1			Change Addition
STREET ADDRESS			4.2 NAME	ADDRECE		
CITY ST ZIP			4.3 STREET	- 1		
TITLE			4.4 CITY-S 5.1 TITLE	II-ZIP	<del></del>	Chapas Ladding
NAME			1			Change Addition
STREET ADDRESS			5.2 NAME	1000000		
CITY-ST-ZIP			5.3 STREET			, a 5
TITLE			5.4 CITY-S	1- <i>1</i>  P	<del></del>	Chaces 1 14359
NAME .						L Change L Addition
STREET ADDRESS	ADDRESS		6.2 NAME	IDDDCCA		
CITY ST-ZIP	<b>\$</b>		6.3 STREET			
14. Edo hereby	v certify that the information supplied wi	th this filing is voluntarily fun	6.4 City-S	a and available for a	the avamation stated in Continue 440 Organia	Childo Clabias (14 mars)
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 118,07(3)(N). Florida Statutes. I further contribute the information indicated on this annual report or supplemental annual report is true and accurate and that my signature chall have the same legal effect as if made under contribute the convention of th						
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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: Milliand Vived on Printed MANE OF SIGNAND OFFICER ON DIRECTOR & 9/30/96 1-305-622-9293						
	EIGNATURE AND TYPED OR P	RINTED HAME OF SIGNING OFFIC	ER ON DIRECTOR		0/4	Dentime Prione # 127 Supra (2003)