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 # P94000067044 (5)

1. Corporation Name

AMBASSADOR PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1020 NW 23RD AVE. SUITE C GAINESVILLE FL 32609	1020 NW 23RD AVE. SUITE C GAINESVILLE FL 32609

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 11/02/1995
4. FEI Number: 59-3267135 ☐ 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

2. Principal Place of Business
21 3620 NW 43RD STREET
Suite, Apt #, etc
22 SUITE C
City & State
23 GAINESVILLE, FL
Zip: 24 32606 Country: 25 ALACHUA

2a. Mailing Address
26 3620 NW 43RD STREET
Suite, Apt #, etc.
27 SUITE C
City & State
28 GAINESVILLE FL
Zip: 29 32606 Country: 30 ALACHUA

9. **Name and Address of Current Registered Agent**

NASON, GARRISON F
4139 SW ARCHER ROAD #111
GAINESVILLE FL 32608

10. **Name and Address of New Registered Agent**

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	NASON, GARRISON	
STREET ADDRESS	4139 SW ARCHER ROAD #111	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VP	☐ DELETE
NAME	NASON, MATTHEW A	
STREET ADDRESS	4139 SW ARCHER ROAD #111	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	☒ DELETE
NAME	SINGLEY, J E	
STREET ADDRESS	1719 NW 23 BLVD PH-E	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	☐ Change ☒ Addition
1.2 NAME	ELIZABETH NASON	
1.3 STREET ADDRESS	4139 SW ARCHER ROAD #111	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32608	
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		

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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] GARRISON F. NASON (PRESIDENT) 5 AUG 96 352-372-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #