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

DOCUMENT # P9400068505 (4)

CRYSTAL LAKE PRODUCTIONS, INC.

Principal Place of Business Mailing Address 7912 SWEETGUM LOOP 7912 SWEETGUM LOOP ORLANDO FL 32835 ORLANDO FL 32835-5339 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JENSEN, CHRISANNE 7912 SWEETGUM LOOP Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 83 84 City 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, typical or printed name of registered agent and title it as plicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE CHRISANNE JENSEN NAME 1.2 NAME 7912 SWECTGUM LOOP STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE THE 2.1 TITLE Change Addition NAME 2.2 NAME STHEFT ALLORESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C(TY - S1 - 7)# 3.4. CITY - ST - ZIP THEF DELETE ☐ Change 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS. 4.3 STREET ADDRESS CCLY+ST- ZIP 4.4 CITY-ST-ZIP DELETE THLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS QUIY-\$1-7(F) 5.4 CITY-ST-ZIP DELETÉ TITLE Addition 6.1 TORE 0000021547 -04/25/97--01007--0 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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:

Chair annue The Marketon

407-934-7850

Daytime Phone #

FILED

Apr 24 1997 8:00am

Secretary of State

CR2E034 (9/96)