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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000073959 (6) **DOCUMENT #**

TIE ONE ON, INC.

1. Corporation Name

Mailing Address Principal Place of Business

|--|

| 5605 PACIFIC BOCA RATON | BLVD APT 3209 FL 33433 | | BOCA RATON FL 33433 | | | | 6 | | | | | |
|------------------------------|---------------------------|--|------------------------|--------------------|-----------|-----------|---|--|----------------|------------------|----------------------------|--------------------------|
| | | | | | | | Date Incorporated or Q 10/05/1994 | ualified | 3a. Date 04 | of Last /24/1 | 995 | |
| 2. Principal Plac | ce of Business | 2a. Ma | 2a. Mailing Address | | | | 4. FEI Number | | | | Applied For | |
| 21 | 30 01 00001 | 26 | \ | | | | 65-0561195 | | | | Not Applicable | |
| Suite, Apt. # | , etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status De | sired | | | 5 Additional e Required | |
| City & State | . <u> </u> | | | y & State | | | | 6. Election Campaign Fina Trust Fund Contribution | | | | 00 May Be ded to Fees |
| 23 Zip | | Country | Zip |) | h | ountry | | This corporation has lia Florida Statutes | bility for in | ntangible ta | x under | s 199.032, |
| 24 | 25 | | 29 | | 30 | | | 10. Name and Address of | | | Agent | |
| | 9. Name and | d Address of Cur | ent Registere | a Agent | | 81 | Name | 10, Italio dita riscioso i | | | | |
| | , JOSEPH M CIFIC BLVD | | | | | 82 | | dress (P.O. Box Number is Not | Acceptabl | ө) | | |
| APT 320 | 8 | | | | | 83 | | | | | | |
| BOCA R | aton FL 334 | 33 | | | | 84 | City | | | FL | 85 | Zip Code |
| | | | | FOO FILMS OLD | Ann Abn o | 1_ | nomed corre | oration submits this statement for | or the pur | noce of cha | anging i | ts registered office |
| or registere familiar wit | ad againt for bot | th, in the State of F the obligations of, S | KONDA SAKINGI | 5, Florida Statute | \$. | 0 001 | or allow to be | | the appo | | registe | red agent. I am |
| SIGNATURE _ | Signature, typed or cr | inted name of registered a | gent and title if appl | cable (N | | | nt signature requi | ired when reinstating? | | DATE. | DIDEC | TODO IN 10 |
| 12. | | OFFICERS | AND DIRECTO | | 1 | | | ADDITIONS/CHANGES | S TO OFF | | Chan | |
| TITLE | D | | | DELETE | 1. | 1 TITLE | | | | ı | | te D Manton |
| NAME: | TANNER, | | | | | 2 NAME | Į | | | | | |
| STREET ADDRESS | 5605 PAC | ific blvd apt : | 3208 | | 1, | 3 STREE | t address | | | | | |
| CITY-S1-ZIP | BOCA RAT | TON FL 33433 | | | 1. | 4 CITY- | ST-ZIP | | | | Chan | ge [] Addition |
| THLE | DCPT | | | DELETE | 2 | 1 TITLE | | | | L | Chan | ile 🗖 voquon |
| NAME | TANNER, | | | | 2. | 2 NAME | | | | | | |
| STREET ADDRESS | 5605 PAC | IFIC BLVD APT | 3208 | | 2 | 3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RA | TON FL | | | 2 | 4 City- | ST-7IP | | | | 77 Obser | Addition |
| TITLE | 1 | | | DELETE | 3 | 1 TITLE | 1 | | | | Char | ge 🔲 Addition |
| NAME | | | | | 3 | 2 NAME | | | | | | |
| STREET ADDRESS | ļ | | | | 3 | .3. STRE | ET ADDRESS | | | | | |
| CITY-ST-7IP | | | | | 3 | 4 CITY | ST-ZIP | | | | | |
| TITLE | | | | ☐ DELETE | 4 | . 1 TITLE | | | | | ☐ Char | ige 🔲 Addition |
| NAME | | | | | 4 | 2 NAME | | | | | | |
| STREET ADDRESS | | | | | 4 | 3 STRE | ET ADDRESS | | | | | |
| CITY-S1-7IP | | | | | 4 | 4 CITY | ·ST-ZIP | | | | | |
| TITLE | | | | ☐ DELETE | | 1 TITL | | | | | Chai | rge 🔲 Addition |
| NAME | | | | | | .2 NAM | . | | | | | |
| | | | | | | 3 STRE | ET ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | -ST-ZIP | | | | | |
| CITY - ST - ZIP | + | | | DELETE | | . 1 TITL | | | | | ☐ Cha | nge 🔲 Addition |
| TiTLE | | | | | | .2 NAM | , i | | | | | |
| NAME | | | | | - 1 | | ET ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | - ST-ZIP | | | | | |
| 1 | | | | | | - αι⊃ιΥ | - 51-7F | | | | | |

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 S'atutes. 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 office 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR