FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1001 N ORLANDO AVE

WINTER PARK FL 32789

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1001 N HIGHWAY 17-92

WINTER PARK FL 32789



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074528 (8)

ABOUT TIME PRODUCTIONS, INC.

10/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3276385 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRYAN, F. WILLIAM 11 81 Name 1365 GROVE TERR DR 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 City 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 (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE BYRAN, MCCAMMON REBEC NAME 12 NAME 1385 GROVE TERR DR STREET ADORESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Addition 21 TITLE Change NAME BRYAN, F.W. 22 NAME STREET ADDRESS 1365 GROVE TERR DR 2.3 STREET ADDRESS WINTER PARK FL CITY-ST-7IP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing closs 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 suppliemental 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 altachment with an adding

3 2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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3.4. CITY - ST - 2IP

SIGNATURE:

NAME

TITLE

NAME

TITLE

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Change

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FILED

Mar 09 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified