FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:41

DOCUMENT # **P94000074868 (8)**

1. Corporation Name
C.C. PRODUCTIONS & ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
8020 SOUTHWEST 26 STREET MIAMI FL 33126	8020 SOUTHWEST 26 STREET MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1994	3a. Date of Last Report: FIRST C.A.R.
4. FEI Number: 65-0525509	☐ 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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 c/o P. CAMPBELL, C.P.A.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 10470 S.W. 123 CT.
City & State 23	City & State 28 MIAMI, FL
Zip 24 / County 25	Zip 29 33186 / County 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: P. CAMPBELL, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 10470 S.W. 123 COURT
83
84 City: MIAMI FL 85 Zip Code: 33186

*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: Phillip Campbell CPA — PHILLIP CAMPBELL, CPA — 5/1/95
(Signature, typed or printed name of registered agent and title if applicable) (Must be Registered Agent agreeing to act in this capacity) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, AL J	12 NAME	N/A
STREET ADDRESS	~~8020 SOUTHWEST 26 STREET~~	13 STREET ADDRESS	MAILING ADDRESS IS: P.O. BOX 2335
CITY ST ZIP	~~MIAMI FL 33126~~	14 CITY ST ZIP	HALLANDALE, FL. 33008
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: AL J. CAMPBELL, PRES. — 5/1/95 — 305 271 0801
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

D160360 CP