FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000087298 (3)

SIDESTEP PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
13931 BELLAMY BROTHERS BLVD	13991 BELLAMY BROTHERS BLVD
DADE CITY FL 33525	DADE CITY FL 33525



13931 BELLAMY BROTHERS BLVD DADE CITY FL 33525		13931 BELLAMY BROTHERS BLVD DADE CITY FL 33525			
				3. Date Incorporated or Qualified 12/01/1994	3a. Date of Last Report 03/09/1995
2. Principal Pla	ce of Business,	2a. Mailing Address	1 10/0	4. FEI Number	Applied For
	ce of Business Westshore Blud	2a. Mailing Address 26 1111 N West	shore 10100	59-3281254	Not Applicable
Suite, Apt. #	te 215	Suite, Apt # etc. 215		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	upa FZ	Gity & State 28 1 ampa F	۲	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 336	07 25 Hillsborough	^{Zip} 33607 3	o Hillsborous		□No
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New F	legistered Agent
			81 Name		
BROWNE	BROWNE, CHAD W 82 Stre			ess (P.O. Box Number is Not Acceptab	ole)
	ADISON ST		B3		
SUITE 23	- - -				
TAMPA F	·L 33602		84 City		FL 85 Zip Code
famikar wit	of the provisions of sections corrected a degent, or both, in the State of Florida h, and accept the obligations of Section	607.0505, Florida Statutes.	Flegerheed Agent Signature regileed	l where her shirt op:	CATE
12.	OFFICERS AND I	CA	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	DPST	DELETE	1 11014		Change Addition
NAME	CURTIS, NANCY R		1.2 NAME		
STREET ADDRESS	13931 BELLAMY BROTHERS B	LVD	: 13 STREET ADDRESS		
CITY - ST - ZIP	DADE CITY FL 33525	DELETE	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	D/VP		2 1 TITLE 22 NAME		
NAME STREET ADDRESS	12021 Bellomy	MARKO,	2.3 STREET ADDRESS		
CITY-ST-7IP	13931 Bellamy 1 Dade City FL 3	2575	2.4 City - \$1 - 7-P		
TITLE	pave org to	DELETE	3 1 111LF		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STHEFT ADDRESS		
CITY - ST - ZIP			3.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS 4.4 CITY - ST. ZIP		
CITY-ST-ZIP TITLE		DELETE	5 1 DTLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - S1 - 2IP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
City-St-ZiP			6.4 CITY - S* - Z:P		

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 trusted en powered 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.

5-25-96 813-288-0003