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

APPROVED AND FILED
95 MAY -1 AM 10: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093771 (1)

1. Corporation Name

THE OTHER SIDE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
140 N. ORLANDO AVE. SUITE 280 WINTER PARK FL 32789	140 N. ORLANDO AVE. SUITE 280 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report:
4. FEI Number: 94-3220832 — 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ARMSTRONG, GARY L ESQ.
140 N. ORLANDO AVE.
SUITE 280
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ELIZABETH HANLEY
STREET ADDRESS	2459 N BEACHWOOD DR #204
CITY-ST-ZIP	LOS ANGELES CA 90068
TITLE	PRESIDENT
NAME	ELIZABETH HANLEY
STREET ADDRESS	2459 N BEACHWOOD DR #204
CITY-ST-ZIP	LOS ANGELES CA 90068
TITLE	VICE PRESIDENT
NAME	ELIZABETH HANLEY
STREET ADDRESS	2459 N BEACHWOOD DR #204
CITY-ST-ZIP	LOS ANGELES CA 90068
TITLE	SECRETARY
NAME	ELIZABETH HANLEY
STREET ADDRESS	2459 N BEACHWOOD DR #204
CITY-ST-ZIP	LOS ANGELES CA 90068
TITLE	TREASURER
NAME	ELIZABETH HANLEY
STREET ADDRESS	2459 N BEACHWOOD DR #204
CITY-ST-ZIP	LOS ANGELES CA 90068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[illegible handwriting]	☑ Change ☐ Addition

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: Elizabeth Hanley — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE 1/1/95 — DAYTIME PHONE 407-644-1577

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FILE NOW: FILING FEE AFTER MAY [redacted]25.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

STATE FLORIDA

DOCUMENT # P94000093832 (1)

1. Corporate Name

AMELIA ENVIA, INC.

200001547962
-07/27/95--01075--017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6019 KIMBERLY BLVD N LAUDERDALE FL 33068	6019 KIMBERLY BLVD N LAUDERDALE FL 33068

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0543147 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEEN, DAVID 111 N POMPANO BEACH APT 1707 POMPANO BEACH FL 33062	81 Name: JAQUCZ LIDIO 82 Street Address (P.O. Box Number is Not Acceptable): 6019 KIMBERLY BLVD 83 84 City: N. LAUDERDALE FL 85 Zip Code: 33068

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: Lidio Jaquez — DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	JAQUEZ, LIDIO
STREET ADDRESS	% 6019 KIMBERLY BLVD ← MOVE OUT
CITY-ST-ZIP	N LAUDERDALE FL 33068
TITLE	
NAME	LIDLO JAQUEZ
STREET ADDRESS	624 SOUTH STATE Road 7
CITY-ST-ZIP	MARGATE FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	TIS 8/24/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME	REMITTED BY MAY 1	
6 STREET ADDRESS		
6 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: Lidio Jaquez — 4-26-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0004034 FP