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

PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-202

 I do hereby certify that the informainformation indicated on this article.
 I am an officer or director of this cappears in Block 12 or Block 19 in

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007226 (0)

ROSEBUD ADVERTISING PRODUCTIONS INC.

Principal Place of Business Mailing Address 646 NORTH DIXIE HIGHWAY 646 NORTH DIXIE HIGHWAY HOLLYWOOD FL 33020-3906 HOLLYWOOD FL 33020 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1995 12/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0584712 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Country $Z_{\rm IP}$ 8. This corporation has liability for intangible tax under s. 199,032, Yes No. 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KANE, THOMAS A **646 NORTH DIXIE HIGHWAY** Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 84 City 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 Signed we type time printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE THLE KANE, THOMAS A NAME 1.2 NAME **646 NORTH DIXIE HIGHWAY** 1.3 STREET ADDRESS STREET ANDRESS HOLLYWOOD FL 33020 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ۷P Change Addition 2.1 TITLE THEF CATAL, JOSEPH **2.2 NAME** 646 NORTH DIXIE HIGHWAY 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 2. 4 CITY-ST-ZIP CITY-SE-ZIP DELETE ___ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-SI-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

with an address

tion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the all 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 of poration or the receiver or custee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name