SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 18 1996 8:00 am
Secretary of State

DOCUMENT # **P95000008724 (3)**

1. Corporation Name
MEDIA PRODUCTIONS UNLIMITED, INC.

Principal Place of Business	Mailing Address
~~14066 MARINE DR~~ ~~ORLANDO FL 32832~~	~~14066 MARINE DR~~ ~~ORLANDO FL 32832~~

3. Date Incorporated or Qualified: 02/02/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5380 Hoffner Ave.	26 5380 Hoffner Ave.
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Orlando, FL	City & State: 28 Orlando, FL
Zip: 24 32812 Country: 25 USA	Zip: 29 32812 Country: 30 USA

4. FEI Number: 59-3294754 ☐ 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

9. Name and Address of Current Registered Agent

SCARR, HEATHER
14066 MARINE DR
ORLANDO FL 32832

10. Name and Address of New Registered Agent

81 Name: Heather Scarr
82 Street Address (P.O. Box Numbers Not Acceptable): 5380 Hoffner Avenue
83
84 City: Orlando FL 85 Zip Code: 32812

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Randall H. Scarr		12 NAME		
STREET ADDRESS	5380 Hoffner Avenue		13 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32812		14 CITY-ST-ZIP		
TITLE	Vice President	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Heather A. Scarr		22 NAME		
STREET ADDRESS	5380 Hoffner Avenue		23 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32812		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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CR2E034 (3/96)

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall H. Scarr Heather A. Scarr 6/25/96 407-658-2838 RHS 7/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #