FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00						
PROFIT CORPORATION ANNUAL REPORT 1996 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State OIVISION OF CONTORATIONS						
DOCUMENT # P95000009612 (9)						
1. Corporation Name PAT MULLER PRODUCTIONS INC.						
17.0	WOLLEN THOO OF HOL	10				
Principal Place of Business Mailing Address					1 IUDIIGEI IIE 1EIUI DIFFI DAHI	8
9900 W SA CORAL SPI	9900 W SAMPLE RD CORAL SPRINGS FL					
					3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report
2. Principal Pla 21	Principal Place of Business 2a. Mailing Address 26				4. FEI Number 65-0563688	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	•	City & State			6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Ζιρ	Country	28 Z ₁ p	Country			or intangible tax under s 199.032,
24	25 9, Name and Address of	29 Current Registered Agent	30		Florida Statutes 🔼 Ye 10. Name and Address of New	Registered Agent
MULLE	R, RONALD P		8			
9900 V	V SAMPLE RD, 336 L SPRINGS FL 33065		8		ddress (P.O. Box Number is Not Accept	NOIE;
COPAL	L SPHINGS PL 33003		L	4 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 60	07.0502 and 607.1508, Florida Statut	tes, the above	named cor	rporation submits this statement for the p	urpose of changing its registered office
or register familiar wil	ed agent, or both, in the State.	of Florida, Such change was authoriz of, Section 607,0605, Florida Statutes	zed by the cor	rporation's b	poard of directors. I hereby accept the ap	pointment as registered agent. I am
	Signature, based or printed has in of regil to	enntagement for fagalista ga FRS AND DIRECTORS		pa K. Sagradoro No	pered wher relistency	DATE S
12. TITLE	OFFICE	DELETE	13. 1 1 Tift	F	President	r Change Addition Suite 336 065
NAME STREET ADDRESS					Ronald Patrick Mulle 9900 W. Sample Road,	r Suite 336
CITY-ST-ZIP		☐ DELETE		- ST- ZIP	Coral Springs, FL 33	
TITLE NAME			2 1 TITL 22 NAMI			Change Addition
STREET ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP TITLE		24 C1'Y-S1-ZIP DELETE 3 1 Tr1.E				Change Addition
NAME			3.2 NAME			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE	\$1.95 Mar. 11.11.11.11.11.11.11.11.11.11.11.11.11	DELETE	34 CITY 4 N TITU			Change Addition
NAME			4.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZiP TITLE		[**] DELEIE	44 C/TY - ST - 7/P 5 1 TIFLE			Change Addition
NAME			5.2 NAME			,
STREET ADDRESS			5.3 STRE	E1 ADDRESS		
CITY-S!-Z.P TITLE			5.4 C/TY - ST / Z/P 6.1 T/T/LE			Change Addition
NAME		_ occere	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
Crity - ST - ZiP	v certify that the information of	maliad with this Stora is valuated of a	6.4 City		fu for the execution stated in Contine 11	9 07/31/k) Florida Statutos 1 6 other
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 triat 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 attraction with an another supplement supplement with an another supplement with an another supplement with an another supplement with an another supplement with an						
	/ SIGNATURE AND T	TYPED OR PRINTED NAME OF SIGNING OFFICE	EH OR DIRECTOR	Ħ	(table /	Daytine Psinne#