

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

Amended OK

APPROVED AND FILED

99 JUN 30 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|---------------------|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1995 | |
| DOCUMENT # P95000011275 1. Corporation Name Dread Foundation Production, Co. | | | |
| Principal Place of Business 17230 NW 48th Place Miami, FL 33055 | | Mailing Address 17230 NW 48th Place Miami, FL 33055 | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-3317016 | Not Applicable |
| 22 | 27 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 29 | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| DONOVAN PARKER 17230 NW 48th Place Miami, FL 33055 | | 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 | |
| Donovan Parker, President/CEO <small>Signature, typed or printed name of registered agent and fee if applicable</small> | | 06/23/99 <small>NOTE: Registered Agent signature required when reinstating.</small> | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | 1.1 TITLE | 1.0000029429651 -- 9 | |
| NAME | 1.2 NAME | -07/13/99--01034--003 | |
| STREET ADDRESS | 1.3 STREET ADDRESS | *****1.25 *****1.25 | |
| CITY-ST-ZIP | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 2.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 3.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Donovan Parker* DONOVAN PARKER 06/23/99 (305) 621-4165