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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019681 (2)

1. Corporation Name

GRIDLOCK PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

~~300 EAST LAS OLAS BLVD~~
~~SUITE 1900~~
~~FT. LAUDERDALE FL 33301~~

~~300 EAST LAS OLAS BLVD~~
~~SUITE 1900~~
~~FT. LAUDERDALE FL 33301~~

2. Principal Place of Business

2a. Mailing Address

21 329 JACARANDA DRIVE

26 329 JACARANDA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PLANTATION, FLORIDA

Zip

24 33324

Country

25 U.S.A.

City & State

28 PLANTATION, FLORIDA

Zip

29 33324

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTH FLORIDA REGISTERED AGENTS, INC.
200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

81 Name JONATHAN S. ROBBINS

82 Street Address (P.O. Box Number is Not Acceptable)
C/O 200 E. LAS OLAS BLVD.,

83 SUITE 1900

84 City FORT LAUDERDALE

FL 85 Zip Code 33301

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

X *Jonathan Robbins* Jonathan Robbins

1-26-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME NORMAN ROBBINS
STREET ADDRESS 329 JACARANDA DRIVE
CITY-STATE-ZIP PLANTATION, FL 33324

TITLE TREASURER ☐ DELETE
NAME IRIS ROBBINS
STREET ADDRESS 329 JACARANDA DRIVE
CITY-STATE-ZIP PLANTATION, FLORIDA 33324

TITLE VICE PRESIDENT ☐ DELETE
NAME MICHAEL ROBBINS
STREET ADDRESS 329 JACARANDA DRIVE
CITY-STATE-ZIP PLANTATION, FLORIDA 33324

TITLE SECRETARY ☐ DELETE
NAME JONATHAN S. ROBBINS
STREET ADDRESS 329 JACARANDA DRIVE
CITY-STATE-ZIP PLANTATION, FLORIDA 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jonathan Robbins Jonathan Robbins

1-26-96 [954-746-7807]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)