

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 11 1998 8:00am
Secretary of State

DOCUMENT # P95000019681 (2)

1. Corporation Name

GRIDLOCK PRODUCTIONS, INC.

Principal Place of Business

**329 JACARANDA DRIVE
PLANTATION FL 33324**

Mailing Address

**329 JACARANDA DRIVE
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1995

4. FEI Number

65-0587186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBBINS, JONATHAN S
% 200 E. LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> DELETE
NAME	ROBBINS, NORMAN	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBBINS, IRIS	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBBINS, MICHAEL	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBBINS, JONATHAN S	
STREET ADDRESS	329 JACARANDA DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Jonathan S. Robbins

00000261381
-08/12/98-01015-030
***150.00

CR2E034 (5/98)

7-1-98 (954)474-3028

①

Aug. 2, 1998

To Whom It May Concern: ②

This is my second letter to the Florida Department of State, explaining the circumstances surrounding the first late payment of our corporation filings. Unfortunately, the letter and accompanying document were lost. I have been told that unless all pages are stapled together this occurrence is not uncommon, so many papers cross each persons desk.

Please allow me to repeat the information sent in my first letter. It is my intention that the additional

② material is not available. ③ I went to great lengths to explain that mail has been a problem in our area. Many letters and papers have been stolen and I feel certain this was what happened with my initial bill from your department. The first bill I received was the last week in June. I had also sent you a letter from our post office discussing purchasing P.O. Boxes or Keys to alleviate the stolen letter problem.

I sincerely hope this situation will be considered and the check accepted.

Thank you.
Jim Robbins
(Treasurer) Dindick Productions Inc.